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BINDIN

FOR

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining cugineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy 5 A	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		daviaoa _s	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03601
1. PLACE OF DEATH	Toler P.
County allegaces NITHIN CORE	PORATE LIMITS Registration Dist. No.
Village or City Keudhaland	No. 6 12 Dashington St., / Ward
	death occurred in a horpital or institution, give it NAME instead of street and number) ds. How long in U.S. If of foreign birth?mrsmosds.
2 FILL MARK BASS BASS 1 B	
(a) Positional Na	St. / Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Day) 193 3 (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of James / Farrett	22. CHEREB CERTIFY That attended deceased from
6. DATE OF BIRTH (month, day, and year) July # 185%	I last saw h 2 v alive on Q 1 3 death is said
7. AGE Years Months Vays If LESS than	to have occurred on the date stated above, at 2. P.m.
76 8 V8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	Pronchee tones 11.
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	+ Kenearthage 72-
10Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation occupation	
12. BIRTHPLACE (city or town) Md, (State or country)	Other Coutributory Causes of importance:
11 0 000 000	
13. NAME Vegle Mc Willer 14. BIRTHPLACE (city or town) (Stata or country)	Name of operation Data of Was there an autopsy?
15. MAIDEN NAME Elisa Reau	23. If death was due to external causes (VIOLENCE) fill to also the following:
15. MAIDEN NAME Stage State of country)	Accident, sulcide, or homicide? Date of injury, 19
(Stata or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT AND PARENTS (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Date Date 3, 1933	Nature of injury
19. UNDERTAKER Focus Hew Leve (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FICEO DELL 4, 1933 Harvey & News	(Signed) M. D. (Actress) A Color Of the Colo
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroen teritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE O	F MARYLANDSI	GERTIFICATE OF DEATH 0360	2
1. PLACE OF DEATH	Pitz: 1	107-21	_
County Clegan	Lefty L	Registration Dist. No. X 2	
Village or City Cumb	erland	No. 17.10 = 2 St.,	Wai
Length of rasidence in city or town where do	/ //	death occurred in a hospital or institution, give its NAME instead of street and numb	
Row A	e H		
2. FULL NAME	710 # 9		
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and State	e
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
male white	5. StNGLE, MARRIED, WtDQWED, OR DIVORCED (write the word)	21. DATE OF DEATH 23 (Month) (Oay) , 193	(Yaar)
5a. If married, widowed, or divorced HUSBAND of		/	
(or) WIFE of		22. Chil EREBY CERT & Fy That I attended decea	ased fro
6. DATE OF BIRTH (month, day, and year)	115 1931	Hast saw h in alive on afrif 29 1933 dee	ath is sa
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at/:30A m.	
/ //	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	clifel	Broucheal preumona ?	43
SAWYER, BOOKKEEPER, etc			
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	hove		
10. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this		
year)	occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	ecland, pld.		
(State or country)	B. H		
13. NAME Howard J.	Lembeline Pa	Nergae	
(State or country)	orangenese 19	Name of operation Date of Date of	M
15. MAIDEN NAME Grethel	Turnes	What test confirmed diagnosis	sy?
16, BIRTHPLACE (city or town)	enburg Wa.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	10
State or country)		Where did injury occur?	19
17. INFORMANT Howard (Address)	8. Bennett	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Placa Hullon Crees	KPa, 4-25,1933	Manner of injury	
19. UNOERTAKER Hourard a (Address)	Bengelt	24. Was disease or injury in any way related to occupation of deceased?	0
(al. Part actal	wey A Meiso Registrar.	(Signed) WR Hodges (Address) Cumbaland Pro	/M.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 near

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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03603

	on Dist. NoSt.,ME instead of street andyrs.	
CERTIFICAT	TE OF DEATH	, 193 (Year)
tated above, et 9.		3; death is said
mportance:	Octo	
?		n autopsy? ing: , 19
ny way related to oc	cupation of deceased?	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Signed)

(Address) _

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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN
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MARGIN RESERVED FOR BINDING V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03604
0//	RPORATE LIMITS
County	Registration Dist. No.
Village or City Fresh feer land	No. Ward death occurred in a hospital or instrution, give its NAME instead of street and number)
	ds. How long in U. S. A of foreign birth? yrs. mos. ds.
2. FULL NAME CONTROL TO	ggess
(a) Residence: No. 200 Charles	CASt. + Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH april 25
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. apr 20 1933 to apr 2 1933
6. DATE OF BIRTH (month, day, and year) Leb 6, 1857	I last saw h alive on after 2 5, 19 3 3; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
81 3 /7 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
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10. Date deceased last worked at this occupation should be spent in this occupation should be spent in this occupation should be spent in this occupation.	
12. BIRTHPLACE (city or town) (State of country)	Other Contributory Causes of importance: The pertrophies prostate - years with arrivary retention diving years
13. NAME Come Boggen 14. BIRTHPLACE (city or town)	(Stone in left wroter, large stones)
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy? 44
15. MAIDEN NAME Fleshing	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT aware Magen	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of lainny
Place fairmond W/a Date (for 2), 1933	Nature of injury
19. UNDERTAKER Chin & Lawy Day (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILES Pril 26, 1933 Harry H Mines Registrat.	(Signed) Professor M.D. (Address) Cumberland mid
If more blanks are needed address State Periode as	(Audiess)

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Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN

DR.

BLAKE

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BUREAU V.	Ø. 1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

stated EXACTLY. PHYSICIAMS snow. item of infor-T RECORD. Every. WITH UNFADING INK-THIS IS A PERMAND. MARGIN RESERVED FOR BINDIN

STATE OF MARYLAND-CERTIFICATE OF DEATH TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

	1. PLACE OF	F. DEATH				13605
	County	Allegany	WIT	THIN CORPO	PRATE-LIMITS Registration Dist. No.	4
	Village or Ci	ity Cumberla	and Md		No. Memorial Hospital St	6 -/ Ward
	Length of resid	dence in city or town where	death occurred	yrsmo:	If death occurred in a horpital or institution, give its NAME instead of street isds. How long In U.S. II of foreign birth?yrs	and number)
:	2. FULL NA		ROADWATE			
	(a) Residence	ce: No. BARTON	MD (Usual place	of abode)	St., Ward. If nonresident give city or town	and State
	PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATI	
	SEX PEMALE	4. COLOR OR RACE WHITE	5. SINGLE, MAR OR DIVORCE	RIFD, WIDOWED, D. (write the word) NG LE	21. DATE OF DEATH April 5,	, 193 3
5a.	tf merried, widowe HUSBANO of (or) WIFE of	ed, or divorced			(Month) (Day) 22. / I HEREBY CERTIFY, That t attent	(Year)
6.	DATE OF RIRTH (month, day, and year) FI	EB 10, 1	897	7-3-,19-33, to 7-6	1933
	AGE Year		Days	tf LESS than	to have occurred on the date stated above, at 11:50 A.m.	: death ts sald
	36	1	26	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	
NO	kind of we	sion, or particular ork done, as SPINNER, BOOKKEEPER, etc.	Marie	010-21		Date of onset
OCCUPATION	9. Industry or h		V.VUV.	LAN FOR	Chrome Ahrocat	- Mu-
סככו	10. Date deceased this occupa		spar spar	me (years) nt in this		- Julear
12.	BtRTHPLACE (city (State or count				Other Coutributory Causes of Importance:	
2	13. NAME BI	ROADWATER T			totemal hydrocaphae	wa
FATHER						
F	(State or o	(city or town) MARYL	AND		Namo of operation Date o	
ER	15. MAIDEN NAM		ARY ANN		What test confirmed diagnosis?	
MOTHER	16. BIRTHPLACE (TAND		23. If death was due to external causes (VIOLENCE) fill in elso the follow Accident, suicide, or homicide? Date of Injury	
17.		MEMORIAL HO CUMBERLAND	SPITAL		Where did injury occur? (Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Sartow, 200 Date 4 7 1933			Date 4	7 ,19(33	Manner of injury	
19. UNDERTAKER D& Boal (Address) Barton Md			znd		24. Wes disease or injury in eny wey related to occupation of deceased? Il so, specify	na
20.	FILEDYBULL	6, 19 33 Ot	arusy I	Mecan. Registrar.	(Signed) June Tills	anno
		If more l	lanks are needed, ad	Idress State Registrar.	2411 N. Charles Street Baltimore Requesting 7) S. No.	

7, 2411 IV. Charles Street, Dautmore, Kequesting "O. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
RUREAU V. S.				
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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	Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Perilonilis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, c. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	de	6	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Year)

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	45	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.	11			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	<u> </u>		J	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name, the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	THAT YEAR	July 5,1927	Peritonitis	3 days ago
	BURRAU V.S.		St. 2	
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			prof. U. F.	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH 03611
County all garring	Registration Dist. No. 12
Village or City Andland	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME ISLAGE LOVE	
(a) Residence: No. Midland	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX	MEDICAL CERTIFICATE OF DEATH
That Other OR DIVORCED (write the word) January (Springer) January (Springer)	(Month) (Day) (Year)
HUSBAND of Etta Clayton (Corola)	22. f HEREBY CERTIFY, That I attended deceased from ,19,10,19,19
5. DATE OF BIRTH (month, day, and year) Jan 8, 1867	I last saw h alive on, 19; death is seid
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
66 4 24 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Crachasa Markey SAWYER, BOOKKEEPER, etc. Crachasa Markey	arienie sulvous 5 gr
9 Industry or business in which work was done, as SILK MILL.	9
SAW MILL, BANK, etc	
this occupation (month and 1928 spent in this occupation 15 year)	
12. BIRTHPLACE (city or town) A. Wa	Other Coutributory Causes of importance: Coronary Thrombosis 2 hr
(State or country)	0
13. NAME James Levolis 14. BIRTHPLACE (city or town) Jr. Va	
14. BIRTHPLACE (city of town) (State or country)	Name of operation Date of
15. MAIDEN NAME — Gioha	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) Anhunn	Accident, suicide, or homicide? Date of injury 19
State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Suchange Coulty:	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Callyany almelly Date affects. 1935	Nature of injury
19. UNDERTAKER IN CEYCLISTON	24. Was disease or injury in any way related to occupation of deceased?
(Address) Egnasoning, MA	(Signed) M. An Couragett M. D.
20. FILED GOV. 4-, 19 00	(Address) Malun ms

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance		
May 1,1923		1 year	
	1915 1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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(If death occurred in a hospitel or institution, give its NAME in-

number.)

ADDRES

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. ed EXACTLY perly classificationWard) stated properl of certif PERSONAL AND STATISTICAL PARTICULARS SINGLE. 3 SEX COLOR OR RACE MARRIED. Wide 16 DATE OF DEATH may be WIDOWED, OR DIVORCED (Write the word) I HEREBY CERTIFY, That I sttended the deceased 6 DATE OF BIR ee instructions that (Month) (Day) and that death occured on the date stated above, at, If LESS than 7 AGE I day hrs. The CAUSE OF DEATH * supplied terms de. or min.? RVE 8 OCCUPATION (a) Trade, profession or particular kind of work plai nt: (b) General nature of industry business, or establishment in M in which employed or (employer) MARGIN 9 BIRTHPLACE Secondary EAT (State or country) (Duration) ø 0 10 NAME OF FATHER HO 20 (Address) .. 11 BIRTHPLACE *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. OF FATHER c 0 2 RENT (State or country 03 0 12 MAIDEN NAME O 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER inform state CCUP ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of death (State or count ō Where was disease contracted, T 0 of 3 if not at place of death? shou item usual residence..... Every it CIANS stateme 19 PLACE OF BURIAL OR REMOVAL If more blanks are needed, address State Registrar, 16 W. Saratoga St., Baleo., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., win-'-horer Farm laborer, tired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fremon, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The Laborer-Coal mine, etc. (b) The quesmaterial Grocery; Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

permanently filed.

answered in defail, it will prevent further correspondence. A lithe data is essent al and must be obtained before the certificate is

ad fracture of skull, and consequences (e.g., sepsis, telprus) may be stated under the head of "contributory?" stated unless important. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Uraemia," "Weakness," etc., when a definite disease Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train If this certificate is looked over thoroughly and all questions "Atrophy," "Collapse," "Coma," "Convulsions, Nomenclature Always quality all

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 03613
1. PLACE OF DEATH	92-00
County allegany WITHIN COI	RPORATE LIMITS Registration Dist. No. 4
Village or City bunkeland md	No. 226 Roles St. 6-3 Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsyrsmosds.
2. FULL NAME Sommis	ier
(a) Residence: No. 22 Colder	St.6-3 Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (prite the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH 26 (Month) (Day) (Year)
HUSBAND of (or) WIFE of Sea & Cooper)	1 HEREBY CERTIFY. That I attended deceased from 26, 1931, to 26, 1932
6. DATE OF BIRTH (month, day, and year Aug 11, 1856	i last saw here alive on after 26 , 1923; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, atm.
76 8 /5 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were 3 follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Golocarphie 1931
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Dan selle !!
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and years) year) occupation (month and year)	
Delanale) Hane	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country) (State or country)	Cacado henhados 1922
13. NAME Cornelius Bules	
13. NAME Cornelius Byles 14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis lence Was there an autopsy he
15. MAIDEN NAME Eleanor agner Oliver	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury, 19
17, INFORMANT Marken B. Questin	Where did injury occur?
(Address) Denver Calarado	
18. BURIAL, CREMATION, OR REMOVAL Place Ladonia Pa. Date Ulvil 28. 193 8.	Manner of injury
19. UNDERTAKER James Stein Grand Marshard	24. Was disease or injury in any way related to occupation of deceased?
20. FILED & S., 19.23 Carney Alexandre	(Signed) Cumberland maj
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V.E			
Other contributory causes of importance:	, i	Other contributory causes of importance:	English.
Gallstones	May 1,1923	Gastroenteritis	1 year
			3*

FOR BINDIN

MARGIN RESERVED

V. S. No. 1

	CERTIFICATE OF DEATH 03614
1. PLACE OF DEATH	RPORATE LIMITS Registration Diet No.
outility	Registration Dist. No.
Village or City while and	No. St., # Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Irene M Crom	well
(a) Residence: No. 2) 2 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (rugite the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended dacasas from
6. DATE OF BIRTH (month, day, and year) Oct 6 1853	Hast saw har ativa on afr 16 , 1933 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebova, at 1229m.
79 6 // lday, hrs.	Tha PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8 Trade profession or particular	Carcinoma of Branch Date of onet
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. adustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and specific property).	Duey
9. adustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	1987
O 10. Date deceased last worked et 11. Total time (yeers)	-
this occupation (month and year)	
12. BIRTHPLACE (city or town) - Frederich	Other Contributory Causes of Importance:
(State or country)	<u> </u>
13. NAME Joseph (romwell	
14. BIRTHPLICE (city or town)	Neme of operation
(State of Country)	What test confirmed diegnosts? Was there an autopsy?
15. MAIDEN NAME Margaret Thysong	23. If death was due to externat causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) Freduch	Accident, suicide, or homicide? Date of injury
(State or country)	Where did tnjury occur? (Specify city or town, county and State)
17. INFORMANT Combiliana of Mil	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place MANN M. Date April 19. 1933	Manner of injury
19. UNDERTAKER G. S. Bulter (Address) Canadas and ma	24. Was disease or injury in any way related to occupation of deceased?
20. FHEBBELL 18, 1933 Marry Money Registrar.	(Signed) LHalt M. J. M. D. M. D. M. D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state Exact statement of OCCUPA-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every them of information should be carefully convolided a formation of the carefully convolided and the careful stated EXACTLY. properly classified. FOR BINDING MARGIN RESERVED AGE should be pe CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

V. S. No. 1 N. B.— TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Cellesaury	Registration Dist. No. 12
Village or City Muchland	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. If of foreign birth?yrsmoa,ds.
2. FULL NAME	rowl
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) 3. SEX	21. DATE OF DEATH While (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) april 11 th 1933	I last say h alboth ap al 11 th, 19 2 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above at 3-12m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Sportanenis atrition
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and spent in this	
10. Oate deceased last worked at this occupation (month and year)	
Iz, BIRTHPLACE (city or town) many cound (State or country)	Other Contributory Causes of Importance:
13 NAME William Crows	1
14. BIRTHPLACE (city or town) Manyland	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Mary he Veigh	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Way he Veryh 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? — Oate of Injury — , 19 —
17. INFORMANT Willer Crowk (Address)	Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place0ate,19	Nature of Injury
19, UNOERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILEO May 10, 19 3 3 R Stuber Registrar.	(Signed) M. D. (Address) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, nachinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1			Example II		
of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	RECENTEL	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JUN 5 1953	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. B				
Other contributory ca	uses of importance:	0,000	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

THE PARTY OF THE P	ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEAT should Registration Dist. No. item Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Every SICIANS Length of residence in city or town where death occurred / statement How long in U.S. if of foreign birth?. 2. FULL NAME RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) Junale (Month) (Day) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of CERTIFY. That I attended deceased from 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: Date of onset 8. Trada, profession, or particular THIS kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc may back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.... 10. Data deceased last worked at 11. Total tima (years) spent in this this occupation (month and that occupation __ 12. BIRTHPLACE (city or town) (State or country) HER 13. NAME See FAT 14. BIRTHPLACE (city or town ain (State or country) What test confirmed diagnosis? ď MOTHER 15. MAIDEN NAME 23. If death was dua to external causes (VIOLENCE) All in also tha following: EATH 16. BIRTHPLACE (city or town) Accident, suicide, or homicide? (Stata or country) Whera did injury occur?______ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, of in PUBLIC PLACE. 17. INFORMANT should OF (Addrass) 18. BURIAL, CREMATION, OR REMOVAL WRITE CAUSE mation LION Nature of injury 19. UNDERTAKER (Address) If so, specify (Signed) ż 20. FILED_

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 26

(Address) ___

MARGIN RESERVED

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S Date of onset	The principal cause of importance were a	of death and related causes	Date of onset
101"		is tollows.	
1915	Attack of epilepsy	MAY 6 1933	1 week ago
1921	Run over by street car		1 week ago
July 5, 1927	Peritonitis	*ECEIVE	3 days ago
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis		1 year
	July 5, 1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory ca	1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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County Allegary Common all Ecopy Registration Dist. No. 4 Village or City. Cumberland. Md. No. 16 Percent all 1993 1-19 St. Ward Length of residence in city or town where death occurred. yrs. mes. 1 ds flow long in U.S. If of foreign birth? MRE inseed of sweet and number) Length of residence in city or town where death occurred. yrs. mes. 1 ds flow long in U.S. If of foreign birth? which control is the part of the long in U.S. If of foreign birth? which control is the long in U.S. If of foreign birth? which control is the long in U.S. If of foreign birth? which control is the long in U.S. If of foreign birth? which control is the long in U.S. If of foreign birth? which control is the long in U.S. If of foreign birth? which control is the long in U.S. If of foreign birth? which control is the long in U.S. If of foreign birth? which control is the long in U.S. If of foreign birth? which control is the long in U.S. If of foreign birth? which control is the long in U.S. If of foreign birth? which control is the long in U.S. If of foreign birth? which control is the long in U.S. If of foreign birth? Ward Control is the long in U.S. If of foreign birth? Ward Control is the long in U.S. If of foreign birth? Ward Control is the long in U.S. If of foreign birth? Ward Control is the long in U.S. If of foreign birth? If the long in U.S. If of foreign birth? If the long is the long is the under of the long is the long in U.S. If of foreign birth? If the long is the under of long is t	STATE OF MARYLAND	-CERTIFICATE OF DEATH
Village or City. Cumberland. Md. (if death occurred in a hospital or insistention, got in NAME intend of street and number) Length of residence in city or town where death occurred. yrs. mos. 1 ds. How long in U. S. If of foreign birth? 2. FULL NAME. Frank. Derlington, (a) Residence: No. Romney W. Unad place of shocks? PERSONAL AND STATISTICAL PARTICULARS 3. SEX Mail. 4. Color OR RACE Will to Wild Color Or RACE Will to Wild Color Or RACE Will to Wild Color Or Barth (month. dov., and year) 5. LI MATTER Years Months Days If SES than 1 days. hrs. or	1. PLACE OF DEATH	93615
Length of residence in city or town where death occurred yrs. mos 1 ds How leng in U.S. If of foreign birth? yrs. mos ds Hou length birth length discussed from the Hospital Part of the word of	County Allegany WYMAN COFFOR	Registration Dist. No. 4
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(a) Residence: No. Romney W. V. S. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX Male 4.00.00 PR RACE S. SINGLE, MARRIED, WIDOWED, SINGLE MARRIED, WIDOWED, SINGLE Grammit the word) Single 4.00.00 PR RACE S. SINGLE, MARRIED, WIDOWED, SINGLE MARRIED, WIDOWED, SINGLE Grammit the word) Single 4.00.00 PR RACE S. SINGLE, MARRIED, WIDOWED, SINGLE Grammit the word of Divorced Will to Single Grammit the word of Single Grammit the word of Copy hilfs of Copy h		
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3. SEX Male 4. COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single 5. If married, widowed, or divorced HUSSAND or Wintle of Color wife of HUSSAND or Wintle of Color wife of HUSSAND or Wintle of Color wintle of Colo	(a) Residence: No. Romney Way Va (Usual place of abode)	
Male White OR DIVORCED (write the word) Single April 17, 193 (veel) 53. If married, witdowed, or divorced HISBAND (month), day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days 1 LESS than 1 day,	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
53. If married, victowed, or divorced HUSBAID (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,	Male White OR DIVORCED (write the word)	
6. DATE OF BIRTH (month, day, and year) 7. AGE 7. A		22. HEREBY CERTIFY, That I attended deceased from
to have occurred on the date stated above, etm. T. AGE		19 00
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOKKEEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOKKEEPER, etc. 9. Industry or business in which work as the spitual this occupation (month end years) 12. BIRTHPLACE (city or town). West Vinginia (State or country) 13. NAME Parker Darlington, 14. BIRTHPLACE (city or town). West Vinginia 15. MAIDEN NAME Katherine Speelman, 16. BIRTHPLACE (city or town). (State or country) West Vinginia 17. INFORMANT Memorial Hospital (Address) Cumberland Md. 18. BURIAL CRYMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Information particular with work and profession of deceased? 15. Maiden name of operation. Date of injury whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury in any wey related to occupation of deceased? 15. Maiden name of operation. Manuer of injury name of operation of deceased? 17. INFORMANT Memorial Hospital pate of injury name		
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Saw Mill, Bark, etc. Saw Mill, etc. Saw M	8. Trade, profession, or particular kind of work done, as SPINNER,	ayu ,
12. BIRTHPLACE (city or town) West Virginia (State or country) 13. NAME Parker Darlington, 14. BIRTHPLACE (city or town) West Virginia 15. MAIDEN NAME Katherine Speelman, (State or country) West Virginia 16. BIRTHPLACE (city or town) West Virginia 17. INFORMANT Memorial Hospital (Address) Cumberland Md. 18. BURIAL, CREMATION, OR REMOVAL Place Afficial Academic Academic Academic Address) 19. UNDERTAKER (Address) Other Contributory Causes of Importance: What causes of Importance: What Contributory Causes of Importance: What Less confirmed diagnosis? What test	9. Industry or business in which	Deute Purely stum
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(Specify city or town, county and State) 17. INFORMANT Memorial Hospital (Address) Cumberland Md 18. BURIAL, CREMATION, OR REMOVAL Place Spate April 19, 1933 Manner of injury Nature of injury 19. UNDERTAKER (Address)		
18. BURIAL, CREMATION, OR REMOVAL Place Capture 19. UNDERTAKER (Address) Manner of injury Nature of injury 19. UNDERTAKER (Address)	-1 (State of County) West VIPS INTS	(Specify city or town, county and State)
Place Research, A. Lapate application 19, 1933 Nature of injury 19. UNDERTAKER Supplies Supplies 19, 1933 19. UNDERTAKER (Address)	(Address) Cumberland Md.	Specify whether injury occurred in INDUSTRY, in HUME, or in Public Place.
19. UNDERTAKER Leffur Sax lave 24. Was disease or injury In any wey related to occupation of deceased? If so, specify	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
(Address) If so, specify If so, specify	Place Place Part Part Part Part Part Part Part Part	Nature of injury
The state of the s		
20. 14000 00 0000 0000 0000 0000 0000 000	20, F46 Drel 17, 1933 Harvey 12 Clasic	(Signed) M. D.
Registrar. (Address)		- Country / Country

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epitepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebrat hemorrhage	July 5,1927	Peritonitis	3 days ago
PORENT N.	6		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03617
ATTECANTE WITHIN COL	RPORATE LIMITS Registration Dist. No. 44
County	nogradion plate no.
Village or City CUMBER LAND	No. MEMORIAL HOSPITAL St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. ff of foreign birth?yrsmosds.
	X /
2. FULL NAME ESTELLA DAVIS	
(a) Residence: No. BLOOMINGTON, MD. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
DENNATE MILITIES OR DIVORCED (write the word)	April 13. , 193.3
MARITED	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of AMOS DAVIS	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) about 1877	Hest saw h L2 elive on paid (2 ,1933; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at8:95A.m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
8. Frade, profession, or particular kind of work done, as SPINNER, HOUSEWIFE	Coucer / reclienc
9 Andustry or husiness In which	The state of the s
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	
12. BIRTHPLACE (city or town) MARYLAND (State or country)	Other Contributory Causes of importance:
ELIAS CARTER	
HE 13. NAME ELIAS CARTER 14. BIRTHPLACE (city or town) WEST VIRGINIA (Stete or country)	Neme of operation Date of What test confirmed diagnosis? Was there an au'opsy?
# 15. MAIDEN NAME AM ANDA BEAVER	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME AM ANDA BEAVER 16. BIRTHPLACE (city or town) WEST VIRGINIA	Accident, suicide, or homicide? Date of Injury, 19
(State or coun'ry)	Where did injury occur?
17. INFORMANT MEMORIAL HOSPITAL (Address) CUMBERL AND, MARYLA ND	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place & Lownington, Mate april 16, 19.33	Nature of injury
100 1200	Hature of injury
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceesed?

GRACIE DR.

20. FILED Stell 13, 19c

(Address)

Registrar.

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Example I		Example II	300 1271
clated causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
	1921	Run over by street car	1 week ago
6	July 5, 1927	Peritonitis	3 days ago
1923			
J. A. D.	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	May 1,1920	dastroenterus	1 year
	rtance:	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

BINDIN

FOR

RESERVED

MARGIN

No.

vi.

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Z

92-a

If LESS than

I day hrs

If more blanks are needed, address State Registrar, 16 W. Stratega St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

	Regi	istration D	ist. No.
Uffui	Bough	Ward)	(If death occurred in hespital or institution, give its NAME is stead of street an number.)
// N	EDICAL CERTIF	FICATE O	F DEATH
18 DATE OF D	April (M	onth)	/6, 19833 -(Day)(Year)_
000	1932	to and	nded the deceased from
that I last sav		upai	9/140
	h occured on the d		bove, etc.
1.5	F DEATH OWAS AS	11 11	o tation
0 nu	me e 77 M	wing	ungianos
***************************************			······································
***************************************	•	/ <i>\\</i>	
		ration)	"yrsmos
Contributo	y Coute Nel	oloda	on of
- Nears	9	ration)	yrsnos
(Signed)	I Done	MY	Q
4/18	19092 (Address)	MX T	avage mi
*State Violent Ca Accidental,	the Discase Causi uses, state (1) Mo Suicidal or Homicidal.	eans of In	or, in deaths from jury and (2) whether
		For Hospit	als, Institutions, Tran
	cent Residents)	In the	
At place of deathyr	sds.		eyrsmos
Where was disc	ase contracted, of death?		
Former er usual residence.			
19 PLACE OF	BURIAL OR REMO		4//9 , 193
20 HNDERTA	KER		PORES
. 00	1 - 1 %	1	HI IL. M. h.

(Approved by U. S. Census and American Public Health Association.)

fulliess of various pursuits can be known. The quessary to know (o) the kind of work and also (b) the the first line will be sufficient, e. g. Farmer or Planter, tion applies to each and every person, irrespective of cupition is very important, so that the relative health Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Colton mill; (a) Salesman. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as Al school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a er," etc., whatever, write Nonc. Foreman, For many occupations a single word or term on especially in industrial employments, it is necesor At Home, and children, not gainfully em-3/78). Farm laborer, Laborer without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coul minc, etc. (b) Grocery; Wom-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebra pival fever (the only definite synonym is "Epidemic cerebras spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,");

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonoeum, etc., Corcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," elc. "Exhaustion," (secondary or intercurrent) affection need not be Chronic interstit at nephritis, Whooping cough; or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as as fracture of skull, and consequences (e.g., sepsis, occident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all clanus) may be stated under the head of "contributory." carbolic ocid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by rollwoy train approved American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Nomenclature of the Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A the data is essential and must be obtained before the certificate is permanently filed.

If more blank are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		· Example II	
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

stated EXACTLY. PHYSICIANS should state of OCCUPAitem of infor-RECORD. Every Exact statement IS A PERMANEAT properly classified. WITH UNFADING INK-THIS MARGIN RESERVED þe mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be -WRITE PLAINUX,

FOR BINDIN

V. S. No. 1 B

1 PLACE OF PEATH	PORATE LIMITS
I. PLACE OF DEATH	(23)
County allegan	Registration Dist. No.
Village or City Chamberland	No. 6 4 North McChaust., 2 Ward feath occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME Landin A: Ed	wards
11.5 2 0	St. & Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH of 27 193.3
5a. If married, widowed, or divorced	(Affonth) (Day) (Yeer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) The and 17-1893	i lest saw har alive on afr 73 , 1923; death is sai
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et P. m.
40 1 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
8 Trade profession or particular	Subscular of Jung - Date of onse
kind of work done, as SPINNER, QX Trome	- about
9. Industry or business in which work was done as SILK MILL.	14m
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (month end	-
year) occupation	Other Cantributary Causes of importance: .
12. BIRTHPLACE (city or town)	Lyeanin
(State or country)	
13. NAME Victord Colvards	
13. NAME Ciclord Edwards 14. BIRTHPLACE (city or town) (State or country)	Name of operation
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME Comma Butter	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
Colate of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mus Column Columns	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 647 N. Mechanic ST-City 18, BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Rose Trill Come Date apr 25, 1933	
4.04.19	
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
(Address) Carberton & Mod	If so, specify That he was a second of the s
20. FILED Sell 24, 1933 Marself IV. Messer.	(Signed) (Address) Cumbrilian M.
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MADVI AND CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
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Arteriosclerosis	1, 1933	1915	Attack of epilepsy		
Chronic interstitial nephritis	L MAI	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	TATI V.	July5,1927	Peritonitis	3 days ago	
	E O Section	The war			
	A Commission				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
				٠.	

D. Every item of infor-SICIANS should state tatement of OCCUPA. MARGIN RESERVED FOR BINDING

RD	KS	st	
REC0	Y. PH	Exact	
IS A PERMANENT	stated EXACTLY	properly classified.	certificate.
HIS	be	be	of
N. B.—WRITE PLANKY, WITH UNFADING INK—THIS IS A PERMANLAT RECORD	mation should be carefully supplied. AGE should be stated EXACTLY. PHYS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact sta	TION is very important. See instructions on back of certificate.
Z			

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82-0
County algany	Registration Dist. No.
Village or City Lillmoste	ND. St., Ward
Length of residence in city or town whare death oppured 4A _yrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number) s,ds. How long in U.S. if of foraign birth?yrs,mosds.
2. FULL NAME Sarah Edwe	ands
0,10	St. Ward.
(a) Residence: Np. (Usual place of a Kode)	If nonresident give eity or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Obril 2 2 nd 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of The Low of Colored	22. HEREBY CERTIFY. That I attended deceased from
2 DATE OF BIRTH (I last saw h A alive on April 19 33; death is said
6. DATE OF BIRTH (month, day, and year) 1846 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9 9m.
86 10 10 1 ¹ day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or particular	Orlerio filensio Date of one et
Note that the profession of particular that the profession of the	
10. Data deceased last worked at this occupation (month and 1928 spent in this 624)	ee,
12. BIRTHPLACE (city or town) deland (State or country)	Other Contributory Causes of importance: 4/22/3.
E	Nama of oparation Date of
4 14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Prangaret The Cauley	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Prangaret Pre Cauley 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury,19
(State or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT In 1. Robert Edwards (Address) Echhait Mo.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Kaurel Hell Country Date Opil 24, 1933	Manner of injury
19. UNDERTAKER In Corcher in	24. Was diseasa or Injury in any way related to occupation of deceased?
20. FILED CYON. 23, 1933 R. Suke	(Signed) M. D.
Registrar.	(Address) / // / / / / / / / / / / / / / / / /

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Example I	-transfer transfer	Example II	- 1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GEVIE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

3.

5a.

7.

OCCUPATION

MOTHER | FATHER

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	(2)	122
County Alla:	Registration Dist. No.	
Village or City Shart Mod.	NoSt,	Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and num	
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. It of foreign birth?	
2. FULL NAME Rallierene Minnie I	alkins	
(a) Residence: No.	St., Ward. If nonresident give city or town and St	ate
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	ato .
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
or DIVORCED (write the word)	Copul 75	93 -
5a. If married, widowed, or divorced	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended de	
2,10,	Hast saw h malive on Of 19 \$3	, 19.3.7
6. DATE OF BIRTH (month, day, and year) Sept. 8 - 1929. 7. AGE Years Months Pays If LESS than	7306	death is sald
1 day hts	to have occurred on the date stated above, at	
3 7 14 ormin.	and an Anthony	Date of enset
SAWYER, BOOKKEPER, etc.	Scalded with boiling	
Industry or business in which		1/ 1
work was done, as SILK MILL, SAW MILL, BANK, etc.	ivalu	151/33
	/	/
year) oecupation oecupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Moral allicars (State or country)	The state of the s	
	Jam alstructura 3 4	
13. NAME John Daniel Fathius 14. BIRTHPACE (city or town) Borden Shaft:	UUU	
(State or country)	Name of operation Date of Was there en eut	new? Dn
	23. If death wes due to external causes (VIOLENCE) fill in elso the following:	opsyr
T	Accident, sulcide, or homicide? Assidut Date of injury 4/2/	1935
16. BIRTHPLACE (city or town) Morallotyrau (State or country)	Where did injury occur? At home She	oft Sul
17, INFORMANT John Daniel Fathing	(Specify city or town, county and State), Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	Æ.
(Address) Shaff Ind	Howe	
18. BURIAL, CREMATION, OR BEMOVAL	Manner of injury till into tube of war	m.
Place Ma Inchie Taeres. Date April 2 5,19 3.3	Nature of injury Extensive Gun	
19. UNDERTAKER Jacob Heafer.	24. Was disease or injury in any way related to occupation of deceased?	1)0
(Address) Horstling, Md.	If so, specify Racky	
20. FILED 4/24 1953 / Q.K. Halky	(Signed)	J. M. D.
Registrar.	(Address)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II		
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MAY 0 1933		•		
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year	

ADDITIONAL	SPACE F	OR	FURTHER	STATEMENTS	BY	PHYSICIAN

DR. FRANKLIN

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhoge	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	B	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		<u> </u>

ADDITIONAL SPACE FOR EURTHER STATEMENTS BY PHYSICIA	ADDITIONAL S	PACE FOR	R-EURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAL
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AGE should be stated EXACTLY. PHYSICIANS should state RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. WITH UNFADING INK-THIS IS A PERMANE. MARGIN RESERVED FOR BINDING See instructions on back of certificate. mation should be carefully supplied. TION is very important. B.—WRITE PLAN

V. S. No. 1

ż

STATE OF MARYLAND	CERTIFICATE OF DEATH U30.4
1. PLACE OF DEATH	PRPORATE LIMITS (3)
County allegan	Registration Dist. No.
Village or City	No LA A. Bus Station Georget, 4 Ward
(If	No. 7 Me Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos,	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME My sallen you	ey
(a) Residence: No. (509 Shine George	/st, 6 -/ Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (waste the word)	21. DATE OF DEATH
T. While Widowed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Late W-P.	
6. DATE OF BIRTH (month, dey, and year) Sel-13-1874	1 last saw h alive on, 19; death is sald
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, atm.
5-9 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Trade profession or perticular	were as follows Death was Seed dear Date of onset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Did not see her well after deast
2 1 9 Industry or business in which	Organi Heat Deans 304
work was done, as SILK MILL, SAW MILL, BANK, etc.	Ken 69
11. Total time (years) this occupation (month and spent in this	
year) occupation	Other Contributory Causes of Importance:
12, BIRTHPLACE (city or town)	
(State or country),	Chrown Bright Dies
13. NAME Michial Hogan	
13. NAME Wishing Hv gan 14. BIRTHPLACE (city or town) (Cotto or country)	Name of operation Dete of
(State or country)	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME atherine Carey	23. If death was due to external causes (VIOLENCE) filt In also the following:
15. MAIDEN NAME (alterine Caray) 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT short & Tolay	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) C. Lenland And	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place State Carl Date UGAN 25, 19.33	Nature of injury.
19. UNDERTAKER Truis Stand Line	24. Was disease or injury in any way related to occupation of deceased?
(Address) (Le Loud Frod	If so, specify A A A
- 14. il 24. 33 A 1/10	(Signed) Skall-1 M.D.
20. FILED Registrar.	(Address) Crushes from fall

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
TREAS V.Y	· ()		
Other contributory causes of importance:		Other contributory causes of importance:	17.007
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHE	RSTATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

STATE OF MARTLAND	CERTIFICATE OF DEATH (1363)
1. PLACE OF DEATH	RPORATE LIMITES (BL)
County Mugany.	Registration Dist. No.
Village or City Andrew Alland (If	No. 50 / Stall St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or fown where death occurred yrsmos.	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME & harles G. Derk	2mo
(a) Residence: No. 501 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3/SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 15 193 33
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 42 23. 1872	I Jast saw h. M. elive on Africal 44
7. AGE Years Months Days If LESS than	to have occurred on the date states above, at 5 - P. m.
60 3 72 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation fmonth and spent in this securation fmonth and spent in this securation fmonth and spent in this securation fmonth and spent in this security.	Cerebral apaplexy
SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation fmonth and spent in this occupation contact and occupation spent in this occupation spent in the spent in this occupation spent in this occupation spent in the spent in th	
12. BIRTHPLACE (city or town) And The Company (State or country)	Other Contributory Causes of Importance:
13. NAME Henry Gerkins	
13. NAME HOLD SINGLE (city of town) Suffering (State or country)	Name of operation Date of
	What test confirmed diagnosis?
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT has at Burking (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Williams Combate Mr. 18, 1933	Manner of Injury
19. UNOERTAKER domis Stem Ine (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILES Bell 12, 1933 Rawey A News	(Signed) W M.D.

CTATE OF MADYLAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1			Example 11	
The principal cause o of importance were as Arteriosclerosis	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial neph		1921	Run over by street car	1 week ago
Cerebral hemorrhage	AAY . LOO	July 5, 1927	Peritonitis	3 days ago
	BUREAU W. S			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year



STATE OF MARYLAND-CERTIFICATE OF DEATH

Dr. Reynolds

FOR

RESERVED

MARGIN

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address) _______

Registrar.

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Cerebral homorrhage	July 5,1927	Peritonitis	3 days ago
May 8 1833	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones TR TAT	May 1,1923	Gastroenteritis ·	1 year

selletter i	under Nec	is 5/25/33 V	or authorite &
			J.,
Change	then w.		·
3	a. 9.		

CAUSE OF DEATH in plain terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important.

Exact statement of OCCUPA-

ATH 03627

1. PLACE OF DEATH		(B)		. —
County allegan	S.		Registration Dist. No.	5
Village or City Crasas	town md.	No		St., Ward
Length of residenca in city or town where daal		death occurred in a hospital or instituti ds. How long in U.S. if of		
	1- 4 - 1		Toreign birtil!yrs.	mosas.
2. FULL NAME	W Graven	ween.		
(a) Residence: No.	(Usual place of abode)	St., Ward.	If nonresident give city or	town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CE	ERTIFICATE OF D	The second secon
3. SEX 4. COLOR OR RAGE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	bril 13 (Month) (Day)	193.83
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY	CERTIFY, That	l attended decaased from
1.	.1 17 .622		19_33, to	
6. DATE OF BIRTH (month, day, and year)	ul 12, 1933	I last say h alive on		., 19; death is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated Tha PRINCIPAL CAUSE OF DEATH		
sullom	ormin.	were as follows:	I and related causes or impor	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.		Mulo	evn	
9. Industry or business in which	***************************************			
work was done, as SILK MILL, SAW MILL, BANK, etc				
	11. Total time (years) spent in this			
year)	occupation	Other Contributory Causes of impor-	tanca:	
12. BIRTHPLACE (city or town) (State or country)	aslown		***************************************	
	gargiana			
13. NAME JAM R. LY 14. BIRTHPLACE (city or town)	robenslein			
14. BIRTHPLACE (city or town) (State or country)		Name of operation		
- I TO II	a sure de la	What tast confirmed diagnosis?		
H / / / / / / /	eg magne.	23. If death was due to external caus		
O 16. BIRTHPLACE (city or town) (State or country)	rulland	Accident, suicide, or homicide? Whera did injury occur?		ry, 19
17. INFORMANT Parents (Address) Presapt	wn md.	Specify whether injury occurred in	(Specify city or town, coun	ity and State) UBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	FWN THA	Manner of injury		
Place	Date, 19	Nature of injury		
10 HADERTAKER		24. Was diseasa or injury in any way		
19. UNDERTAKER (Addgess)	2011/1	If so, specify	, related to occupation of dec	Gaseuf
20. FILED 75 , 1933	Manual Registrar.	(Signed) / 12 e	Umon St	treef. M. D.
		I/		

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDIN

MARGIN RESERVED

1. PLACE O	F DEATH		(45)			11
County	Mygany	. WITHIN CORP	ORATE LIMITE	Registration	Dist. No.	
Village or C	ity Combe	sland	No. 347 /	allinne	Use	⇒ Ward
Length of resi	dence in city or town where	1 1 1	death occurred in a hospital or 28 ds. How long in U.			
	8.1 +	· Analy	24	an in		
2. FULL NA		an groun	2 minus	1 War		
(a) Residen	ce: No. 342 3	(Usual place of abode)	Ward.	If nonresident	give city or town and	I State
PERSON	IAL AND STATIST	ICAL PARTICULARS	MEDICA	L CERTIFICATE	OF DEATH	
3.SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEAT	(Month)	(Day)	, 193 3
5e. If married, widow	red, or divorced					
HUSBAND of (or) WIFE of	ignes Jin	derorsh.	22.	BY CERTIF	· · · · ·	deceased from
	11	2, 1, 7, 000	I last saw h.Lon alive o	and I a second		; death is said
AGE Yea	(month, day, and year)	Days If LESS than	to have occurred on the date		^	, 00011113 3411
	-2 3	1 day,hrs.	The PRINCIPAL CAUSE OF			
8 Trade profe	ssion, or particular	ormin.	were es follows:	^ .		Date of onse
kind of v	work done, as SPINNER, BOOKKEEPER, etc.	Much	(ancim	one of to	mulue.	1 yr ag
9 Industry or	business In which	Remaral Lall:		4	7	10
	s done, es SILK MILL, L, BANK, etc	The second of the second			U	
	ed last worked at pation (month and	11. Total time (years) spent in this 2/1				-
year)	1.0.1	occupetion PU-9	Other Contributory Causes of	of importance:		
12. BIRTHPLACE (ci		Museum				
(State or cou	nuy)	7/				
13. NAME	+ Kolm	(XXmmusmill)	4			
14. BIRTHPLACE	(city or town)	man	Name of operation		Date of	
		1 . 01	What test confirmed diagnos			
15. MAIDEN NA	WETHING OF	hardne	23. If death was due to extern			
O 16. BIRTHPLACE	(city or town)	Comany.	Accident, suicide, or homicide Where did injury occur?	de:	Date of injury	, 15
((deate of	Ja h	4	Specify whether injury occur	(Specify city of	town, county and Sta	ite)
17. INFORMANT Z.Z. (Address)	NOW Y	mersmus	Specify whether injury occu	iried iii indosaka, iii no	me, of in robeid re	.AUE.
18. BURIAL CREMA	LON, OR REMOVAL	1 11.0	Manner of injury			
State U.A.	yst Oanh	Date M. 18, 1932	Nature of injury			
19. UNDERTAKER (Address)	mosting) Ine	24. Was disease or injury in	any way related to occup	ation of deceased?	no:
20. FILET Bre	l17,1933	Jarury & Deux Registrar.	(Signed) (Address)	la K Ci	reshart	Wd.
	If more	blanks are needed, address State Registrar,		ore Requesting 7) S. No.		

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

F	Example I		Example II	
The principal cause of de of importance were as followers:	ath and related causes lows: CEIVEI	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1233	1921	Run over by street car	1 week ago
Cerebral hemorrhage	6167	July 5,1927	Peritonitis	3 days ago
	BUREAU V.			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE O	F MARYLAND-	CERTIFICATE OF DEATH	529
1. PLACE OF DEATH	7		/
County Allegary	WITHIN CORPO	DRATE LIMITS Registration Dist. No.	
Village or City Comm	Kerland	No. All And St., 4	Ward
Length of residence in city or town where d	eath occurred LQ_yrs,mos	ds. How long in U.S. if of foreign blrth?yrsmos.	ds
2. FULL NAME Known	H Heale.		
(a) Residence: No. 2-2.3	dest	St. 6 -3 Ward.	
(a) Residence. No	(Usual place of abode)	. If nonresident give city or town and St	iale
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193 (Yeer)
5a. If married, widowed, or divorced		· (NOINTI) (Day)	(1001)
HUSBAND of (or) WIFE of home.		22. I HEREBY CERTIFY, That I attended de	ceased from
6. DATE OF BIRTH (month, day, and year)	ma 7 1927	I last saw h_ alive on Coul 30, 193);	death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at	
ln 7	26 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	D. A (
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Endens	acute Pheumalie Four	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed lest worked et this occupation (month and	nthe School		
10. Date decessed lest worked et this occupation (month and year)	11. Total time (years) spent in this occupation 494		
12. BIRTHPLACE (city or town)	Guland	Other Contributory Causes of Importance:	
(State or country)	Hendo.	Endventus	
14. BIRTHPLACE (city or town)	7	Name of operation Date of	7
(State of country)	7	Whet test confirmed diagnosis? Was there an au	opsy?V_
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	2 arnes	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	, 19
(State or country)	nd	Where did injury occur?	
17. INFORMANT Mo mla	1 feels	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL	how hay 4, 19.33	Manner of injury	
19. UNDERTAKER Anno Ster	n) Incl	24. Was disease or injury in any way related to occupation of deceased?	No
20, FILEDRALY 3 1933	armid Mes	If so, specify (Signed) Walter B. July	M. I

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
11 1104 8 1933			
Other contributory causes of importance: S. Gallstones		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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1. PLACE OF DEATH	WOTHIN COR	PORATE LIMITA	./
County Allegany	; -	Registration Dist. No.	#
Village or City Insult	estand	No. // St., (If death occurred in a hospital or institution, give it NAME instead of street a	Ward number)
Length of residence in city or town where death o	11 1 41 11	osds. How long in U.S.If of foreign birth?yrs	mosds.
2. FULL NAME / W.S. Chipa	Leth Helle	3	
(a) Residence: No. 16 h. Cel	legging St.	St., / Ward.	
	(Usual place of abode)	If nonresident give city or town	
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	7
	MARRIED, WIDOWED,	21. DATE OF DEATH (Month) (Day)	, ₁₉₃ 3 (Yeer)
5a. If merried, widowed or divorced HUSBAND of (or) WIFE of	Haller.	22. I HEREBY CERTIFY, That I atten March 16, 1933 to april 4	ded deceased from
6. DATE OF BIRTH (month, day, and year)	- 718.67	2 I last saw h ex alive on Opril 4, 19	33; death is said
7. AGE Years Months	Days If LESS then	to have occurred on the date stated above, at 9 56 m.	
82 14	27 1 dey,hr	S. The PRINCIPAL CAUSE OF DEATH end related causes of importance	
8. Trade, profession, or perticular	• ormin.	were es follows:	Date of enset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	mounte	Our Myrearates	1923
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	27 tolne	<u> </u>	
10. Date deceased list worked at this occupation (month and	11. Total time (years)		
year) 9000000000000000000000000000000000000	spant in this 3 de	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town)	1		
(State or country)	1	_ / who mary educa.	4-1-3
II 13. NAME Solar Doll	elas	,	
14. BIRTHPLACE (city or town)		Name of operation Date	of
(State or country)	many.	What test confirmed diagnosis? Curical Was there	an autopsy?
15. MAIDEN NAME	0	23. If death was due to external causes (VIOLENCE) fill in also the follo	wing:
O 16. BIRTHPLACE (city or town)	22	Accident, suicide, or homicide? Date of injury	, 19
≤ (State or country)	W.	Where did injury occur?	
17. INFORMANT Charles 1 42	lley.	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR BEMOVAL	11 -	Manner of injury	
Placetine, Hellin. Da	te W/W, 7, 193	Nature of injury	
You aft.	9	24. Was disease or injury in any way related to occupation of deceased	IND
19. UNDERTAKER (Address)	Jac.		70
(Muliess)	Ogli hi	- If so, specify O X Munusus	M. D.
20. FILED Stell & 1, 1933 Sakus	reply //eeas	(Signed) Serland	ml. D.
	Registrar.	(Address)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of dcath and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	DEM HUE
Gallstones	May 1,1923	Gastroenteritis	1 year

Pa-	Dotto made 11/1	in 5/25/23 of putting + 2
ale,	letter under We	ac of 35 3 for authority of
00.	9 . +0 21	
	Ret Clin -	
	10	

03631

1. PLACE OF DEATH	
County Milegany	Registration Dist. No.
Village or City Combustance	NO. CINTER Ward
Village of City October 1997	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Seone Will Its	mmles /
10 1 -4	01 27 103
(a) Residence: No. 61 (Usual place of abode)	St., 2 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Ken 17 - 193 3
male tombe timple.	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. / LHEREBY CERTIFY That attended deceased from
(or) WIFE of	april 7- 1933, 10 april 17, 1933
1/1, 0 1010	last saw ham aliva on akul 1 1 - 1933 death is said
6. DATE OF BIRTH (month, day, and year)	- D
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
64 4 8 ormin.	were as follows: Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER ROCKKEPPER atc.	appropriate -
SAWYER, BOOKKEEPER, etc.	
Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc.	
11. Total time (years) this occupation (month and	
yaar) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Completely	Hyprillulion - Chrunc
(State or country)	- Malyris -
II 13. NAME Severe Hommeles	
14. BIRTHPLACE (city or town)	Name of operation Manual Date of
(State or country)	What test confirmed diagnosis? Symplume Was there an autopsy?
15. MAIDEN NAME Athelmine Shorter	23. If death was dua to external causes (VIOLENCE) fill in also the following:
I	
16. BIRTHPLACE (city or town)	Accident, suicida, or homicida?, Date of injury, 19
(State or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT MO Ilhro milland	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) from Moland.	
18. BURIAL, CREMATION OF REMOVAL	Manner of injury
Place Pyr. T. Prate Pate 1971, 19. 3.	Nature of Injury
10 HNDERTAKER / manon / tim > 9no	24. Was disease or injury in any way related to occupation of deceased? 200
19. UNDERTAKER (Address)	If so, specify A-A
al line (the An	(Signed) WISCIAL M. D.
20. FILE DILL /9, 1933 Marin Malera. Registrar.	(Address) 122 /21M fras 81
Kegisirar.	" (nonion) for the Market of the first of

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th and related causes ows:	
	1 week ago
	1 week ago
	3 days ago
of importance:	1 year
	1 year
	of importance:

RECORD. Every item of infor-AGE should be stated EXACTLY. PHYSICIANS snound state. EY, WITH UNFADING INK-THIS IS A PERMANE. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be be carefully supplied. N. B.—WRITE PLAIN V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 63632
1. PLACE OF DEATH	(92)
County allegae WITHIN COR	PORATE LIMITS Begistration Dist. No.
Village or City Cuspeller of	No. 3 We called St., 4 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Talphy I How	v.
(a) Residence: No. 3 10 ecolonic	St., 4 Ward.
(Usualplace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 4 5. AUNGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
Trale while warree	21. DATE OF DEATH 191 (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (ac) WIFE-of Beulok Weels	22. I HEREBY CERTIFY, That I attended deceased from 3 - 17 - 1933 to 4 - 1 - 1933
6. DATE OF BIRTH (month, day, and year) Sune 12-1876	I last saw h alive on 4 1 193; death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 3 50 P.m.
56 9 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	acuto My ocordates Date of onset 4-1-33
9. Industry or business in which	
SAW MILL, BANK, etc.	
10. Oate deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Canses of Proportance Writes 3-31-3:
(State or country)	
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of 3 - 29 - 33
(State of Country)	What test confirmed diagnoses Was there an autopsy?
# 15. MAIDEN NAME Natilalia Kinsenbigler	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME A tilalia tersenbiales 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Loo Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Carberland M. O.	Specify whether injury occurred In INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, PREMATION, OR REMOVAL	Manner of Injury
Place De la	Nature of Injury
19. UNOERTAKER TOSIS Storie Judo (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Stril 3, 1933 Naruer A Men. Registrar.	(Signed) Municipal M. D. (Address) Sylven Lead Agent M. D.
/	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.	. 11		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	. PLACE			TY M	WTHIN CODE	PORATE LIMITS Registration Dist. No.	03633	
	County	0.		ind. Md	Spirit COLI	300 docals.		
	Village or	City	mperiza	tra • ma	(II	No. 320 • Cecelia • St. deeth occurred in a hospitel or institution, give its NAME instead of street	., J Ward	
2	Length of re	(4	death occurred		ds. How long in U.S. if of foreign birth?yrs		
(a) Residence: No. Cumberland. Md (Usual place of abode)						St., S Ward. If nonresident give city or town	and State	
	PERSO	NAL AN	STATIST	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEAT	Н	
	Male		or RACE	5. SINGLE, MAR OR DAYORCE	RIED, WIDOWED,	21. DATE OF DEATH April 8th.19	33 , 193 (Year)	
5a.	5a. If married, widowed, or divorced HUSBAND of Kathrine. Hull (or) WIFE of					22. HEREBY CERTIFY That I attended deceased		
6. 1	DATE OF BIRTH	(month, day	and year)	Mar	.4.1870	I last saw ham alive on the saw had alive on the sa		
7. /	AGE Y	63.	Months 1.	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at 7 • 40 • Pm The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		
ATION	8. Trade, profession, or particular kind of work done, as SPINNERT in Worker SAWYER, BDOKKEEPER, etc. Tin Worker				r	Julliple delever	Date of onset	
OCCUPA	9. Industry or business in which work was done, as SILK MILL, N.G. Taylor SAW MILL, BANK, etc							
12.	BIRTHPLACE ((State or co	city or town)_		occ	upation	Other Coatributory Couses of Importance:		
2	13. NAME		H blet	1177		Che Syle Comment		
FATHER	13. NAME Winfield Hull 14. BIRTHPLACE (city or town) (State or country)					00.	of	
ER	Torre Vincent						an autopsy?	
MOTHE	16. BIRTHPLACE (city or town) Don't Know (Stata or country)				Know	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?		
17. INFORMANT Hull (Address) 320. Cecella. St								
18. BURIAL, CREMATION, OR REMOVAL Place Morgantown. Wvabate April.11, 1933. 19. UNDERTAKER John.C. Wolford (Address) Cumberland. Md					11.11,1,33.	Manner of injury		
					d	24. Was diseasa or injury in any way related to occupation of deceased If so, specify	, ho	
	FILED fore	l10 1	28	Prus (2)	Men	(Signed)	M. D	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy SA AVEREA	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
•			
	1	CELVICE	
Other contributory causes of importance:	47	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



1. PLACE OF DEATH Allegan	w W	THIN CORP	ORATE LIMITS (10)	4	
County	and. Md		Registration Dist. No. No. Allegany Hospital St.	Ward	
Jos	re death occurred	yrsmos	f death occurred in a hospital or institution, give its NAME instead of street and s		
2. FULL NAME	rederick.	st	St., Ward. If nonresident give city or town an	d State	
PERSONAL AND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX A. COLOR OR RACE Whote	5. SINGLE, MAR OR OHYORGE	RIED, WIDOWED.	21. DATE OF DEATH April.23.1933	, 193	
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	•		(Month) (Dey) (Year) 22. HEREBY CERTIFY, That I attended deceased from		
	Oct.23.	1914	i last saw brus alive on 47 7 6 20 Am, 1932	19 3-3	
7. AGE Years Months 18 6	Oays	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance		
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	hool	1 01	were as follows: Emp general	Oata of onset	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. S.C. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc				4933	
10. Oate deceased lest worked et this occupation (month and yeer)	spe	ime (years) ntin this upation			
12. BIRTHPLACE (city or town)(State or country)	Mđ		Other Contributory Causes of importance:		
13. NAME Samuel . Kar	lon.				
T	tuania.		Name of operation Dyanne Chest Date of What test confirmed diagnosis? Was there an	1	
15. MAIDEN NAME Annia - Ro	flo		23. If death was due to external causes (VIOLENCE) fill in also the following	med and	
15. MAIDEN NAME Annia • RC 16. BIRTHPLACE (city or town) (State or country)	tuania.		Accident, suicide, or homicide? Oate of injury, 19		
17.INFORMANT Samuel. (Address) Cumberla	Kaplan.		(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place HEBREW Cemet	ēry _{ate} Apri	1.24.193	Manner of Injury		
19. UNOERTAKER John . C . (Address) Cumberl	Wolford and Md		24. Was disease or injury in any wey related to occupation of deceased?		
20, FILEDERIL 24, 19.33	Parney	Alleiso Registrar.	(Signed) Had No	M. O.	
If me	ore blanks are needed, a	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

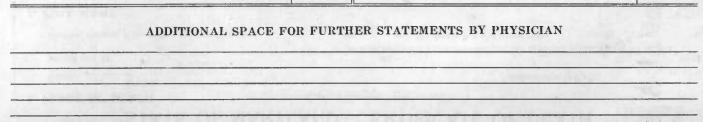
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	in the second	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car (1.6).	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GEVEDES	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year



N. B.

1. PLACE OF DEATH WITHIN CORE	PORATE LIMITS
County allegauck	Registration Dist. No.
Village or City Augustaland	No. 187 Ward St. Ward Ward If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city optown where death occurredyrs,mo	
2. FULL NAME Mandolphy H Kel	low
	Tst. 6 - Ward.
(a) Residence: No. /8 (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE While 5. SINGLE, MARRIED, WIDOWED, OP DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	22. J HEREBY CERTIFY. That I attended deceased fro
(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) worth 1896	Hast saw have alive on af 22 1923 death is sa
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, et 4.3.7. m.
37 1 dey,hrs.	THE PRINCIPAL CAUSE OF DEATH end related causes of importance
9 Trade profession or particular	Were es rollows Tubercular in of June Date of onse
kind of work done, es SPINNER, Carpley	yen yen
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased lest worked at this occuration (month and the company). Spent in this securation (month and the company).	
SAW MILL, BANK, etc.	
year) occupation occupation	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) . Recellulated	y haust in
(State or country)	-
13. NAME Themas Kelley 14. BIRTHPLACE (city or town) (State or sountry)	
14, BIRTHPLACE (city or town)	Name of operation Dete of
(State of country)	What test confirmed diagnosis? Wes there an aulopsy?
15. MAIDEN NAME	23. If death wes due to external ceuses (VIOLENCE) filt in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
IT. INFORMANT (Address)	Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Place Pull Leupate 70. 7,19.3.	Nature of injury
19 UNDERTAKER Forceis Steens due	24. Was disease or injury in any wey related to occupation of deceased?
(Address) Curely land Ma	If so, specify
20, FKEG Stel 26 1993 Harney & Meio	(Signed) Mar. V A M.
Registrar.	(Address) live but hat

STATE OF MADVI AND—CERTIFICATE OF DEATH

03635

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH (3630 Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? _____ yrs. ____ mos. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Day) (Yoar) ERTIFY. That I attended deceased from The PRINCIPAL CAUSE OF DEATH and related causes of Importance Date of onset 3 mice

23. If death was due to external causes (VIOLENCE) fill in also the following

_____ Date of injury

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of deceased?

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

DR. DURRETT

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BURNAU V. M.			7
Other contributory causes of importance:	4	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 03637
1. PLACE OF DEATH	107-07
County Allg.	Registration Dist. No.
Village or City assaptown	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?mos ds
2. FULL NAME Anna Regina Lease	
(a) Residence: No. (Usual place of obode)	St., Ward. If nonresident give city or town end State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH April (Month) (Day) (Yaar)
Ma. If married, widowed, or divorced HUSBAND of Or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) March 19 - 1933	last saw her alive on apr 10 1933 death is sain
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset
8 Trade profession or particular	acute Broughs Premouse apr
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Data deceased last worked at this excustion (month and	7.
O Data deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Lassafitoson (Stata or country)	Other Contributory Causes of importance:
13. NAME Samuel L. Lease	
14. BIRTHPLACE (city or town) Cazes peptaron	Nama of operation Data of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Spary Anna Markingie 16. BIRTHPLACE (city or town) Caresaptowns (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, sulcide, or homicide?
17. INFORMANT Samuel Likeary (Address) Caresantown Shop	Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Orlsaptown Data Afril 13., 19.3.3	Manner of Injury
19. UNDERTAKER Sycological States	24. Was disease or injury In any way related to occupation of deceased?

the

(Address) ...

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "storc," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BYNEAU V.S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDIN

MARGIN RESERVED

1. PLACE OF DEATH

STATE OF MARYL

GERTIFICATE OF DEATH 03638

County allegang City Limi	Registration Dist. No.
Village or City Lival md	No. Natural Hr. Marcy Rosel 48., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME (Robert) Title	
(a) Residence: No falsis at Highway Route 40	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ougenia Smith	22. I HEREBY CERTIFY, That I attended deceased from 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occuration (month and	I last saw h
10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) Samuel Grand (State or country)	Dther Contributory Causes of importance:
13. NAME Samual I Lille 14. BIRTHPLACE (city or town) Law Fighted Life (State or country) Maryland	Name of operation
15. MAIDEN NAME Catherine from 16. BIRTHPLACE (city or town). Catherine from (State or country) marginal	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Pure Hill burn Date Offil 1.3., 193.3.	Manner of injury
19. UNDERTAKER Lysing Stem and Maryland	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed/ILLUSTION OF THE STATE OF

V. S. No. 1

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Registrar.

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cample I		Example II	
The same of the sa	Date of onset	of importance were as follows:	
GECE.	1915	Attack of epilepsy	1 week ago
	1921	Run over by street car	1 week ago
1844 Q 1833	July 5, 1927	Peritonitis	3 days ago
EUREAU V.	8		
900		Other contributory causes of importance:	
	May 1,1923	Gastroenteritis	1 year
		th and related causes Date of onset ows: 1915 1921 July 0, 1927 of importance:	th and related causes Date of onset of importance were as follows: 1915 Attack of epilepsy Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

f RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA. stated EXACTLY. properly classified. IS A PERMANE. See instructions on back of certificate. INK-THIS mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be UNFADING -WRITE PLANKY, WITH TION is very important. m

FOR BINDIN

MARGIN RESERVED

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03640
1. PLACE OF DEATH	95-8
County allegany WITHIN CORP	ORATE LIMITS Registration Dist. No.
Village or City from terland (I	No. 12 Mack St., 6 - Ward death occurred in a horpital of institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Catherine ma	muel
(a) Residence: No. 12 Page	St. 6 - V Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, ORDIVORCED (write the word)	21. DATE OF DEATH Skil 16 (193 33) (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Annual	22. I HEREBY CERTIFY, That I attended deceased from ,19,19,19,19
6. DATE OF BIRTH (month, day, and year) While 10 1857	I last saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1/13 Am.
82 — 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Z 8. Trade, profession, or particular	Organic Secret during
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SIIK MILL	1 Deseare years
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation occupation	
12. BIRTHPLACE (city or town) Smithfuld (State or country)	Other Contributory Causes of Importance:
14. BIRTYPLACE (city or town)	
14. BIRTYPLACE (city or town)	Neme of operation
	What test confirmed diagnosis?
15. MAIDEN NAME	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL LED Date April 19, 1933	Manner of injury
19. UNDERTAKER Lonio Stand. Inc.	24. Was disease or injury in any way related to occupation of deceased?
20. FIRED Strel 18, 1933 Parage A Olices	(strongerung) Press Joeal Jano

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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAG			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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W	County Aller Village or City 22	141	+	Registration Dist. No.	O Wood
		sur y		death occurred in a hospital or institution, give its NAME instead of stre	
	Length of residence in city or town w	here death occurred	yrs mos	ds. How long in U.S. if of foreign birth?yrs	as
	2. FULL NAME (a) Residence: No.	Man for	mound	St. Ward.	
		(Usual place	CONTRACTOR OF THE PARTY OF THE	If nonresident give city or to	
	PERSONAL AND STAT			MEDICAL CERTIFICATE OF DEA	ТН
	Female Whit		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	, 193 7 (Year)
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I a	ttended deceesed from
	6. DATE OF BIRTH (month, day, and year)	Febr	1929	Mast saw her elive on april 181	79.33; death is said
certificate.	7. AGE Years Monti	S Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	ice //
of cer	8. Trade profession or particular			Searly Dew	Day of on fot
back	kind of work done, as SPINNER SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and				
on	The state of the s	spe spe	time (years) ent in this		
instructions o	12. BIRTHPLACE (city or town) (State or country)	terfo	upation	Other Contributory Cars of importance:	4/15/
instr	II 13. NAME Facolie	ih M	atin		
See	14. BIRTHPLACE (city or town)(State or country)	lesting.	fat	Name of operation Di What test confirmed diagnosis?	ate of
nt.	# 15. MAIDEN NAME Can	il m	iller.	23. If death was due to external causes (VIOLENCE) fill in also the f	
important	16. BIRTHPLACE (city or town)	esterny	ort	Accident, suicide, or homicide?	, 19
>	17. INFORMANT Freder	ich me	yetin	(Specify city or town, county Specify whether injury occurred in INDUSTRY, in HOME, or in PUE	and State) 3LIC PLACE.
E OF is ver	18. BURIAL, CREMATION, OR REMOVAL PIECE WILLIAM COMME	ten Date afri	l20,1933	Manner of injury	
TION	19. UNDERTAKER 2 S B	Jeyl		24. Was disease or injury in any way related to occupation of decee	sed? Wed
	20. FILED asy . 20 1933	201-0	In A	(Signed) PEBerry	M. D

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of evilepsy 1 week ago 1915 Arteriosclerosis 1 week ago 1921 Run over by street ear Chronic interstitial nephritis 3 days ago July 5.1927 Peritonitis Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: 1 year May 1,1923 Gastroenteritis Gallstones

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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RESERVED

Registrar.

(Address) _______

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E	xample I		Example II		
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	The second second	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	A Charles Lab	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	MAY 0 1935	July 5,1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
4				1	

Date of onset

MARGIN RESERVED

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Chronic interstitial nephritis	1921	Run over by stree	et bar	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	S V II ASTIN	3 days ago
			WKA 1030	
Other contributory causes of importance:		Other contribu	tory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	dantia	1 year
			Communication on a security for the Personal Principles of	
				7.0

				-
		7		

STATE OF MARYLAND-CERTIFICATE OF DEATH WITHIN CORPORATE LIMITS 1. PLACE OF DEATH Jo should Registration Dist. No. iteni Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) yrs. 5 PHYSICIANS How long in U.S. it of foreign birth? Length of residence in city or town where death occurred 140 Every statement RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED 4. COLOR OR RACE OR DIVORCED (write the word) CTL (Month (Year) 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That I attended deceased from (or) WIFE of 田 certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Years Days If LESS than to have occurred on the date stated above, at ... Months stated 1 day hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance ---- min. were as follows Date of onset 8. Trada, profession, or particular kind of work done, as SPINNER. TION pe Jo SAWYER, BOOKKEEPER, etc. 9. Industry or business in which may back should OCCUPA work was done, as SILK MILL SAW MILL, BANK, atc. 11. Total tima (years) 10. Data deceasad last worked at on this occupation (month and spant in this that occupation year) M. ow instructions Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (Stata or country) supplied. in plain terms. FATHER 13. NAME See 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?. efully MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (IOL ENCE) fill in also the following: Accident, sulcide, or homicida? Date of injury OF DEATH 16. BIRTHPLACE (city or town (State or country) Where did Injury occur?__ should be (Specify city or town, county and State) Specify whether injory occurred In INDUSTRY, In HOME, or In PUBLIC PLACE (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE. AUSE mation Nature of injury LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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FOR

MARGIN RESERVED

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU Y.S.			
Other contributory causes of importance:	J	Other contributory causes of importance:	712
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

1 year

SICIAN

65

1. PLACE OF DEATH	<u></u>
County Allganny	Registration Dist. No. 1
Village or City In alam	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 50 yrs.	mos. ds. How long in U.S. if of foreign birth?
2. FULL NAME TENNE	In Veinh
	The same of the sa
(a) Residence: No. Distalland (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWEE OR DIVORCED (write the work)	193 3
5a. If married, widewed, or divorced HUSBAND of	(Month) (Day) (Year)
(OK) WIFE OF Mary Clark In the	1 HEREBY CERTIFY. That I attended deceased from The control of th
6. DATE OF BIRTH (month, day, and year) May 1st 1874	I last saw h Line alive on march 31 dt , 1938; death is said
7. AGE Years Months Oays If LESS that	
58 /// 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular	arterio Sclerous 3/27/27
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. A SAWYER	
9. Industry or business in which work was done, as SILK MILL. Heating house	2
Notes that the second of the s	/ W
	yrs.
	Other Cautributory Causes of importance:
12. BIRTHPLACE (city or town) Slamman August (State or country)	£
13. NAME Angle Spilleran	
14. BIRTHPLACE (city or town)	Name of operation
- VI	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
15. MAIDEN NAME Catherne Couvarrangh	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT ALLE VILLE CARDEN CARDEN CARDEN CARDEN CARDEN CONTRACTOR OF THE CONTRA	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St. Michaels welly, today pare Mp 2/ 19-	Nature of injury.
19. UNOERTAKER M. Frahhron	24. Was disease or injury in any way related to occupation of deceased?
(Address) Renaconing And	/ If so, specify
20. FILED agar 2 1933 R AStabel	(Signed) M. M. D. M. D.
Registrat	(Address) midland maryland-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	- li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy . A A A VAHAA	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis (SA D AVI)	3 days ago
		DEATE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			-

LY, WITH UNFADING INK-THIS IS A PERMANEST RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDIL MARGIN RESERVED N. B.-WRITE PLA

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH #3645
1. PLACE OF DEATH	(R)-a)
County allegany	Registration Dist. No.
Village or City of onscoring md.	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary Meesel	
(a) Residence: No. Sanaconing md.	* St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH April: 17, 193 3. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Ch. 1	22. 1 HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Nelson A. Melse	Fit 1923, to april 17 1983
6. DATE OF BIRTH (month, day, and year) Jan. 29 1847	I last saw h_w alive on Ful 15 193 3; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6:30 cm.
86 21x 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	
kind of work done, as SPINNER, Housework SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	cerebral Hemorrhage apr 14 33
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month, and spent in this Square)	
this occupation (month and 30 spent in this 3 941)	
12. BIRTHPLACE (city or town). Frostburg	Other Contributory Causes of importance:
(State or country) maryland	
13. NAME LOAN. James Sigler	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Not . Anarba	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME ligabeth Chancy	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or cown) arelton	Accident, suicide, or homicide? Date of injury 19
(State of country) mary and	Where did injury occur?
17. INFORMANT Oferles A Greece	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Gonzeonneg M 18. BURIAL, CREMATION, OR REMOVAL Meese Ecunity.	
Place for aconing ma Date apr. 20, 1933	Manner of injury
& 1000	Nature of injury
19. UNDERTAKER David D. Dowl (Address) on sioning Md.	24. Was disease or injury in any way related to occupation of deceased? Y.T. If so, specify
20. FILED april 19, 133 & Oak Saylorm	(Signed) Hussy M. Hodger M. D. (Address) Longerung Ind.
If more blanks are needed, address State Registrar, 2	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example 1	4	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week aga
Chranic interstitial nephritis	1921	Run aver by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Gaviaoea	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastraenteritis	1 year

1. PLACE OF DEATH COUNTY. All Language of City. Multiple of Multiple of City. Multi	1 9 1	STATE OF MARYLAND—	CERTIFICATE OF DEATH	
County. Alleganty Registration Dist. No. 6 Was a possible of residence in city or toyen where destill occurred. M. yrs. mea. 95. Now hone in 0.5. If of farsign birth? yrs. m	nfor- state		(46)	4417
The state of the s		County allegants	Registration Dist. No. 6	
Length of residence in city or town where death occurred of yes, mon	shou	West cvillage or City Western bort		
(a) Residence: No. May Clust place of shock) PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE D. SINGLE, MARRIED, WIDOWED OB DIVORCED Course the word All Inspects of dispect, or dispect of the control of the contr	= 0 /			
(a) Residence: No. May Clust place of shock) PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE D. SINGLE, MARRIED, WIDOWED OB DIVORCED Course the word All Inspects of dispect, or dispect of the control of the contr	Yer IAN men	2. FULL NAME Samuel meta		
J. SEX 4. COLOR OR RACE BRINGED, WICHOWED, BRINGS OF DEATH OF DEAT		- 100		
J. SEX 4. COLOR OR RACE BRINGED, WICHOWED, BRINGS OF DEATH OF DEAT	OR. HY t si		II.	nd State
Male What of Name (Ages) A SET STRIPLACE (city or town) A SAM MILL BARK, etc. A SAM MILL BARK, etc. A SAM MILL BARK etc. A SAM	REC P P.			
So. If married, widowed, or divorced HUSSANO of Corp Wife of Mindows of Mindows of Mindows of Wife of	T X H		apr. 30	., 193
5. DATE OF BIRTH (month, day, and year) ALL 17-1885 7. AGE Vests Month Days IT LESS than I to have occurred on the date stated above, at 1.2. 30 Mm. The PRINCIPAL LAUSE OF DEATH and related causes of importance were as follows: Were as follows: SAWYELL, BANK, etc. 13. NAME Chart of BIRTH (month, day, and year) ALL 18. Trade, profession, or particular were as follows: SAWYELL, BANK, etc. 13. NAME Chart of BIRTH (month, day, and year) ALL 18. Trade, profession, or particular were as follows: SAWYELL, BANK, etc. 13. NAME Chart of BIRTH (month, day, and year) ALL 18. Trade, profession, or particular in this coupling of months and year of month	T I fed.	5a. If married, widowed, or divorced		
5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 1 day. 1 LESS than 1 day. 1 ho have occurred on the date stated ebove, at 1 2. 30 ftm. 1 ho have occurred on the date	IAN A C Assir	(or) WIFE of Fannie Wolf Mely		
TAGE Years Months Days If LESS than 1day	and justice of	5. DATE OF BIRTH (month, day, and year) Aug. 17-1885		
SHATER BOOKKEPER, etc. State Nind (Orack) Shownesh Shownesh	N P P P P P P P P P P P P P P P P P P P	7. AGE Years Months Days If LESS than		
SHATER BOOKKEPER, etc. State Nind (Orack) Shownesh Shownesh	IS I	4/3/3 ormin.		Oate of ons
Saw Mill, Bark, etc. Saw Mill, etc. Mill, etc. Saw Mill, Bark, etc. Saw Mill, etc. Saw Mill, etc. Saw Mill, etc. Mill, etc. Saw Mill	70	8. Trade, profession, or particular kind of work done, as SPINNER, Alend have Canyeler Professional Professio	1 CF	000
The part of this occupation (month and 1931 11. Total time (years) spent in this occupation. Spent in this occupation. Other Coatributory Causes of importance: 12		9. Industry or business in which	Canier Comme	74.1
Other Contributory Causes of importance: Other Contributory Causes of i	-1 22 _6	U	U	
Other Ceatribatery Causes of Importance: Other Catribatery Causes Other Catribatery Causes of Importance: Other Catribatery Causes Other Catribatery Caus		Abt		
Name of operation. Date of	AG AG thou	P _	Other Contributory Causes of importance:	
Name of operation. Date of	ADD ed. S, Sc		Uremia	apr. 21
Name of operation. Date of	NF NF oplic erm inst	13. NAME chas mety.		
What test confirmed diagnosis? L. M. Was there an autopsy? Was the set and the following: 15. MAIOEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Classoning and Date May 1, 19.33 19. UNOERTAKER (Address) 20. FILEO May 1, 19.33 What test confirmed diagnosis? L. M. T. Was there an autopsy? Was the following: 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Specify whether injury occur? Specify w	INL I U Sul in t	14. BIRTHPLACE (city or town) /3 all		1
16. BIRTHPLACE (city or town) 17. INFORMANT 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER 19.	T is	(State of Country)		
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Classification of deceased? 19. UNDERTAKER 22. H. Freder Ch. (Address) 20. FILEO May 1. 1939 C. Freder Ch. (Signed) 20. FILEO May 1. 1939 C. Freder Ch. (Address) 21. The Commant of Injury Nature of Injury 24. Was disease or Injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? 25. Signed) (Signed) (Signed) (Address) (Address) (Address) (Address)	tan in tan	16 RIPTUDI ACE (situ or town)		
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Classification of deceased? 19. UNDERTAKER 22. H. Freder Ch. (Address) 20. FILEO May 1. 1939 C. Freder Ch. (Signed) 20. FILEO May 1. 1939 C. Freder Ch. (Address) 21. The Commant of Injury Nature of Injury 24. Was disease or Injury in any way related to occupation of deceased? 24. Was disease or injury in any way related to occupation of deceased? 25. Signed) (Signed) (Signed) (Address) (Address) (Address) (Address)	T T T T T T T T T T T T T T T T T T T		Where did injury occur?	
Address Caddress 18. BURIAL, CREMATION, OR REMOVAL 19. UNDERTAKER	ALIA DE DE V		Specify whether injury occurred in iNOUSTRY, in HOME, or in PUBLIC F	LACE.
Place Claroming to Oate May 1, 19.33 Nature of injury 19. UNDERTAKER 12. H. Find the Company of the Company o				
20. FILEO May 1, 1939 and Symbolic Registrat. (Address) If so, specify (Signed) (Address) (Address) (Address) (Address)	TTE SE SE			
20. FILEO May 1, 1939 and Symbolic Registrat. (Address) If so, specify (Signed) (Address) (Address) (Address) (Address)	A TION	10 HADEDTAVED 1 22 . H FAR ROACH		no.
Zi 20. FILEO May 1, 1939 W. Software (Signed) Colored Gird Gird Williams W. O. M. (Address) Gird Gird Gird W. O.				
				101 M.
	H			0,00

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrids	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
77 B 43			
Other contributory causes of apportance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS stated EXACTLY. MARGIN RESERVED FOR BINDI AGE should be mation should be carefully supplied.

should state

Exact statement of OCCUPA-

properly classified.

CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	8
County allegung	Registration Dist. No.
Village or City Kloudykiz	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2:40	
Zi i oli ivani	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWED, OR DIVORCED (write the word)	21. DATE OF DEATH ahr PT
Thenar were sigh	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) ahr 8 th 1933	I last saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Still born infant
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc.	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Monday 12. (State or country)	
E CONTRACTOR	
[14. BIRTHPLACE (city or town)	Name of operation Dato of
	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
E	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) - SAM AS MARINE (State or country)	Where did Injury occur?
La Constitution of the con	(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT MAY THE	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Lord Med Date Cepul 8, 1933	Nature of injury
19. UNDERTAKER Res Theller	24. Was disease or injury in any way related to occupation of deceased?
(Address) Cloudy Re	If so, specify
20. FILED Cyp1. 8, 19 33 R J Stuke	(Signed) / Hurry In / Hagary M. D.
Registrar.	(Address) drallfraggy had

CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home lousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	- 1
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street ear July 5, 1927 Peritonitis Other contributory causes of importance:

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RESERVED

MARGIN

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i	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 wcck ago	
July 5,1927	Peritonitis	3 days ago	
1 1000	Other contributory causes of importance:		
May 1,1925	Gastroenterius	1 year	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis	

ADDITIONAL SPACE FOR FURTHER STATEME	ENTS BY PHYSICIAN

STATE OF MARYLAND

E OF MARYLAND—	CERTIFICATE OF DEATH 03649
WITH N CORPORATE LIMITS O	(J31)
Gue	Registration Dist. No.
Butterny	No. St., Ward
n whale death occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?
1 11 D	
and the	and the same of th
(Usual place of abode)	St., Ward. If nonresident give city or town and State
ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Agrice the word)	21. DATE OF DEATH of 5, 193 (Year)
	22. I HEREBY CERTIFY, That I attended deceased from
May 21 - 1900	I last saw h As alive on 4 , 1932; death is said
onths Days I If LESS than	to have occurred on the date stated above, at 6:28 Am.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
0 lormin.	were as follows: Candra de Compens albate ol onset
VER, January	a dalah
(12 1 211	
h 11. Total time (years)	1
man -33 spent in this y occupation 7	ch happing
	Other Contributory Causes of importance:
unny hang	and Cateled Interven Amile
Palida	and more and the state of the s
2 Junio	
negro	Name of operation
H. P.	What test confirmed diagnosis? Was there an au'opsy?
130 JA11	23. If death was due to external causes (VIOLENCE) fill in also the following:
Dunney have	Accident, suicide, or homicide?
D. Jilla	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
lanen	Specify with the specific in the state, in nome, of the reduce.
costory, and	Manner of Injury
Dato 1 per 7, 19 3	Nature of injury
10 ×	24. Was disease or injury in any way related to occupation of deceased?
the same	If so, specify AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
a Ri Balls 199	(Signed) Jackey A Jayhma M. D.
Registrar.	(Ardress) 2 tolling by
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

S. No. 1

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20. FILED

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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TION is

19. UNDERTAKER
(Address)

mation s

BIND

FOR

RESERVED

MARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

if so, specify (Signed)

24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Run over by street car Chronie interstitial nephritis 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	
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MARGIN RESERVED

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis & Chronic	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MAY 6 1933	<u> </u>			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocnteritis	1 year	

	SIAIF	F MAR	YLAND-	CERTIFICATE OF DEATH 03652
1. PLACE OF DE	ATH		ORFORATE	8
County	Jello	gran	V	Registration Dist. No/-
Village or City	troa	Www	219	No. War death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in	city or town where	death occurred	1/6/ / mos	ds. How long In U.S. if of foreign birth?yrsmosd
2. FULL NAME		Rlu	Clo	m Fandolph
(a) Residence: No.				St., Ward.
PERSONAL A	ND STATIST	(Usual place		If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	LOR OR RACE	1	RIED, WIDOWED,	21. DATE OF DEATH
- 1	MAROD		(write the word)	24 - /0 193 3
5a. If married, widowed, or d HUSBAND of	ivorced			(100)
(or) WIFE of				22. I HEREBY CERTIFY, That I attended deceased fro
6. DATE OF BIRTH (month,	day and year)	11 10	- 33_	I last saw h alive on 19 death is sa
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at
	_	-	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or kind of work dor	particular ne. as SPINNER	_		Oate of onse
E SANTER, DOOR			••••	1 + () () ()
9. Industry or business work was done, a SAW MILL, BANK	s SILK MILL,			Jan O. A. S. J. J.
10. Date deceased last v	vorked at	11. Total ti	me (years)	TO TO THE
year)	77		pation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or tow	n) J. V	MM	09/1	
(State or country)	pil A	~ 11. d	Abla	-
Ξ	a d	Luci	SH TO	All and a second
4 14. BIRTHPLACE (city or (State or country	, ,	0.00	4	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME	Susa	anda	udolph	23. If death was due to external causes (VIOL ENCE) fill in also the following:
6 16. BIRTHPLACE (city or	town) Sul	ilss	inel	Accident, suicide, or homlolde? Date of injury, 19
∑ (State or country) 1	Dh	2-19	Where did injury occur?
17. INFORMANT	ro. Dal	y lek	will.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) -	PEMOVAL	ling	hod;	
Place	KEMOVAE	Date	19	Manner of Injury
	1) -	9		Nature of injury
19. UNOERTAKER(Address) /				24. Was disease or injury in any way related to occupation of deceased?
41	. ()	1) 86	16.	
20. FILED / //2	3-1		X NJ A A	(Signed) M.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURT	HER STATEMENTS BY PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Allegary	Registration Dist. No
Village or City Attoriacioning	NoSt.,Ward
Length of residence in city of fown where death occurred of yes mos,	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of bwh where death occurred	The state of the s
2. FULL NAME Struck	Us / fichmond
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Ingle Whate Prassul	(Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of Mrs. Molle Boston Tichne	I HEREBY CERTIFY, That I attended deceased from
10-91639	last saw h was alive on afful 4 th 193 & death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If XESS than	to have occurred on the date stated above, at 4.4.5 A.m.
72 // 27 I day,hrs.	The PRINCIPAL CAUSE OF OEATH and related causes of importance
- 8. Trede, profession, or particular	Branches & Astrono Date of onset
kind of work done, as SPINNER, Stare Reefier SAWYER, BOOKKEEPER, etc.	Chronic Bronchety 1910
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation month and this occupation month and	
SAW MILL, BANK, etc.	
O 10_Date deceased last worked at this occupation (month and G) 4 spent in this year) A Band and G 4 cocupation G 4 coc	
year) - Magazine - Control occupation - Con-	Other Contributory Causes of importance:
12, BIRTHPLACE (city or town) (State or country)	
	1
E A A	D
[14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
	23, If death was due to externel causes (VIOL ENCE) fill in also the following:
	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) Sculland (State or country)	Where did injury occur?
ma Sand Landel Bell	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT AMAS COUNTES	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Was Hellenelly Oate Jul 81,1935	Nature of Injury
19. UNDERTAKER M. Cochloson	24. Was disease or injury in any way related to occupation of deceased?
(Address) Lacouring, Inc.	If so, specify
20. FILED april 7 133 E. Don Fflotieno	(Signed) / thry ha: Hodgson M. D.
// Registrar.s	(Address) definition of the

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	The state of the s	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		CELVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (13654
1. PLACE OF DEATH	ORATE LIMITS (%)
County Of My	Registration Dist. No.
Village or City Mula de (16	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME Carl H. Shaff	lev
(a) Residence: No. 73 edf and Truad	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WHEE of Marie Shaffer	22. I HEREBY CERTIFY. That attended deceased from
6. DATE OF BIRTH (month, day, end year) May 17 1882	I last saw have alive on april 1 10 1953; death is said
7. AGE Years Months Pays If LESS than	to have occurred on the date stated above, at 2 .m.
50 10 15 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance water as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Jayle SAWYER, BOOKKEEPER, etc.	Lotar Inhunonia - molonez
Sindustry or business in which work was done, as SILK MILL, Auto This	
10. Dato deceased last worked et this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) James (State or country)	
14. BIRTHPLACE (city or town) Jonnes D	
14. BIRTHPLACE (city or town) Somewet	Name of operation. Date of
(State of country)	What test confirmed diagnosis (Myselful Was there an au'opsy?
15. MAIDEN NAME Mary Wickey 16. BIRTHPLACE (city or town) 16. State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
∑ (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Marie Shaffer (Address) Beddies Trad City	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PL Date april 3, 1933	Manner of injury
19. UNDERTAKER G. S. Buttler (Address) Constants of and	24. Was diseese or injury in any way related to occupation of deceased? WO
20. FILEO John 3, 1933 Darwey News Registrar.	(Signed) 2/013lake M.D. (Address) / 22 Bushard S. Gumhulum
If more bidnes are needed address State Renistrar	222 N. Charles Street Religions Provincian VI. S. No.

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V. S.	7		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH state infor-1. PLACE OF D plnoda of Registration Dist. No. St., .. (If death occurred in a been tall or institution, give its NAME instead of street and number) PHYSICIANS How Ming in U.S. if of foreign birth? Length of residence in city or town where death occurred. statement RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) CTL classified. 5a. If married, widowed, or divorced HUSBAND of 22. TIFY. That I attended deceased from (or) WIFE ot 国 6. DATE OF BIRTH (month, day, and year) certificate properly If LESS than 7. AGE Months Yeers 1 day, 3 min. or____ 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, be Jo SAWYER, BOOKKEEPER, etc may back 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc. on 10. Date deceased last worked at t1. Total time (years) this occupation (month and spent in this that occupation .. instructions Other Contributory Causes of importance: 08 12. BIRTHPI.ACE (city or town (State or country) FATHER t4, BIRTHPLACE (city or town plain (State or country) What test confirmed diagnosis? MOTHER 23. If death was due to external causes (VIOL ENCE) fill in also the following: important Accident, suicide, or homicide?______ Date of injury_______19_. (Steto or country Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE t7. INFORMANT (Address) OF 18. BURIAL, CREMATION, OR REMOVE Manner of injury WRITE CAUSE mation Nature of injury TION 24. Was disease or Injury In 19. UNDERTAKE (Address) If so, specify (Signed) Registrar. (Address) ...

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RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. SI			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND 1. PLACE OF DEATH	-CERTIFICATE OF DEATH 03656
	Registration Diet No. 4
County Willage or City Li	Registration Dist. No. Registration Dist. No. St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mos. ds. How long in U.S. Wof foreign birth? yrs. mos. ds.
2. FULL NAME I homas Show	aller
(a) Residence: No. (Usum folace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of The March M	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, and yeer)	7 I last saw h alive on, 19; death is said
7. AGE Years Months Days If LESS the 1 day,	hrs. The PRINCIPAL CAUSE OF DEATH end related ceuses of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Date of onset
10. Date deceased last worked at this occupation (month and year)	Other Contributory Causes of Importence:
II 13. NAME Some Pt Showall	4
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	Whet test confirmed diagnosis? Wes there en autopsy?
15. MAIDEN NAME	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide? **Locational Dete of injury ** - 10, 19-3-3. Where did injury occur? **Locational Dete of injury **Locational
17. INFORMANT Anth Shomaltery (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Plece Sull Dete 4-11-,19	Menner of injury
19. UNDERTAKER Amis Stein Inc.; (Address)	24. Wes diseese or injury in eny wey releted to occupetion of deceesed? If so, specify
20. FILE Spril 11, 1933 Marsey N Person Registra	Simolarula I Tracas Jocal to

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH should Registration Dist. No. item Ward Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth? PHYSICIANS Length of residence in city or town where death occurred... statement (a) Residence: No. St., RECORD If nonresident give city or town and State (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 4. COLOR OR RACE OR DIVORCED (write the word) ACTL (Month) (Day) (Year) classified. 5a. If married, widowed, or divorced HUSBAND of That I attended deceased from BINDI (or) WIFE of H 6. DATE OF BIRTH (month, day, and year) certificate. properly If LESS than 7. AGE Years Months Davs to have occurred on the date stated above, at FOR stated 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 2 or min. were as follows Date of onset 8. Trade, profession, or particular THIS OCCUPATION MARGIN RESERVED kind of work done, as SPINNER, jo SAWYER, BODKKEEPER, etc ... back may 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ... instructions Other Contributory Causes of importance: 80 12, BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) plain (State or country) MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIDL ENCE) fill In also the following: Accident, suicide, or homicide?______ Date of injury______ 19 16. BIRTHPLACE (city or town OF DEATH (State er country Where did injury occur?_____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, 17. INFORMANT plnods (Address) 18. BURIAL, CREMATION, DR REMOVA Manner of Injury CAUSE mation TION Nature of injury 24. Was disease or injury in any 19. UNDERTAKER (Address) If so, specify 20. FILED..... Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
SUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICS	ADDITIONAL	SPACE F	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH County County County Village or City Village	STATE OF MARYLAND—	CERTIFICATE OF DEATH (13659	4
Village or City Langth of residence in city or town where death occurred	1. PLACE OF DEATH	LCORPORATE LIMITS (31)	
Langth of residence in city or town where death occurred. Langth of residence in city or town was classed. Langth of residence in city of town was classed. Langth of residence in city of town and state. Langth of residence in city of town and state. Langth of residence in city of town and state. Langth of residence in city of town and state. Langth of residence in city of town and state. Langth of residence in city of town and state. Langth of residence in city of town and state. Langth of residence in city of town and state. Langth of residence in city of town and state. Langth of residence in city of town and state. Langth of residence in city of town and state. La	County Alle of any	Registration Dist. No. 4	
Length of residence in city or town where death occurred. YTS. mos. ds. 2. FULL NAME (a) Residence: No. 21/ July (b) Residence: No. 21/ July PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVO	Village or City	No. 311 Dulank St., 3	Ward
(a) Residence: No. 3/1 Outland (Untalplace of abode) (PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (cyfic the word) OR DIVORCED (cyfic to town) OR DIVORCED (cyfic the word) OR DIVORCED (ds.
Clusel place of abode If nonresident give city or town and State	2. FULL NAME Rebeca G. Should		
Clusel place of abode If nonresident give city or town and State	(a) Residence: No. 311 Pulval	St 3 Ward.	
3. SEX Sex Se	(Usual place of abode)	If nonresident give city or town and State	
Faccal Mich OR DIVORCED (white he word) Name of operation. Sal It BIRTHPLACE (city or town) (State or country) Where did injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Acideress) 1. Interest of divorced of divorced husband of the word of the state of			
HUSBAND TO (or) WIFE of (or) MINING (or) A (or) MINING (Fernals White OR DIVORCED (write the word)	afr. 71 1933	ar)
7. AGE Years Months Days IT LESS than 1 day, hrs. or min. 8. Trade, profession, or particular sind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAMYER, BOOKKEPER, etc. 10. Date deceased lest worked set this occupation (month and year). 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN MAIN Quarter of the profession of particular since and parti	HUSBAND of		- 1
S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOKKEPFER, etc.	6. DATE OF BIRTH (month, day, and year) Like 29 1868	I last saw h elive on afr 21 ,1923 ; death i	is said
S. Trade, profession, or particular Sanvere, Boundary or business in which Sanvere, Boundary or business Sanvere, Boundary or business Sanvere, Boundary or Bo			
Sind of work done, as SPINNER, SAWYER, BOKKEPER, etc. 9, Industry or business in which work was done as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and year) occupation (State or country) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (Siate or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Universal and the state of injury Nature of injury in any way related to occupation of deceased? (Signed) M. D.		were as follows:	onset
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL ORE MATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) Other Centribatery Causes of importance: (Masses of importan	8. Trade, profession, or particular kind of work done, as SPINNER,	aseruce Coma af.	18
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL ORE MATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) Other Centribatery Causes of importance: (Marcolonia importance:	SAWYER, BOOKKEEPER, etc.	, ,	2
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Other Centributory Causes of importance: (State or country) 13. NAME 14. BIRTHPLACE (cfly or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (cfly or town) (State or country) 17. INFORMANT (Address) 18. BURIAL OREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) Other Centributory Causes of importance: (State or country) Name of operation. Native of injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 16. Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL OREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Was disease or injury in any way related to occupation of deceased? 11. Information of injury Nature of injury Nature of injury Specify (Siened) N. D.	Spent in this		
(State or country) 13. NAME 14. BIRTHPLACE (cfly or town) (State of country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. State or country) Manner of injury Nature of injury	year) occupation	Other Contributory Causes of importance:	
13. NAME 14. BIRTHPLACE (cfly or town) Name of operation Date of What test confirmed diagnosis? Was there an aulopsy?		(much Might Allen 10)	in
14. BIRTHPLACE (cfly or town) (State of country) 15. MAIDEN NAME or country) 16. BIRTHPLACE (city of town) (State or country) 17. INFORMANT (Address) 18. BURIAL CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. Mame of operation What test confirmed diagnosis? Was there an aulopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Manner of injury Nature of injury 19. UNDERTAKER (Address) 16. Signed) Manner of injury Nature of injury Nature of injury Nature of injury (Signed)			
What test confirmed diagnosis? Was there an aulopsy? 15. MAIDEN NAME or town) (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) (Signed) Was there an aulopsy? 22. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Opening occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address) Manner of injury Nature of injury in any way related to occupation of deceased? (Signed) M. D.	14 RIPTHPI ACE (CDV or town)	Name of operation Date of	
(Specify city or town, county and State) 17. INFORMANT (Address) 18. BURIAL OREMATION, OR REMOVAL Place 19. UNDERTAKER (Address)	(State of country)		
(Specify city or town, county and State) 17. INFORMANT (Address) 18. BURIAL OREMATION, OR REMOVAL Place 19. UNDERTAKER (Address)	15. MAIDEN NAME argarel Fil Batrick	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
(Specify city or town, county and State) 17. INFORMANT (Address) 18. BURIAL OREMATION, OR REMOVAL Place 19. UNDERTAKER (Address)	[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19_	
17. INFORMANT (Address) 18. BURIAL CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address)	(State or country)	Where did injury occur? (Specify city or town, county and State)	
Place	(Address) General My	Specify whether injury occurred in INDÚSTRY, in HOME, or In PÚBLIC PLACE.	
19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D.	THE CONTRACTOR	Manner of injury	
(Address) If so, specify (Signed) M.D.	riace 1, 1953		
Cliffeed 22 A. M.D. (Signed) Shall I form M.D.			
20. FILEO July 4 1922 Makely VI Mers (Address) Court fund, Web.	alilas sa A. VICh	bull Phillipp	м р
		(Address) Cours for Turned, Med.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II

The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	ARYLAND—CERTIFIC	ATE OF DEATH	04418
County allegany		Registration Dist. No.	
Length of residence in city or town where death occurr	(If death occurred in a ho	St., pital or institution, give its NAME instead of street and g in U.S. if of foreign birth?yrs.	
2. FULL NAME Sara Sur (a) Residence: No. Hammun (Usus	Lot St., W	ord. If nonresident give city or town a	nd State
PERSONAL AND STATISTICAL P	ARTICULARS ME	DICAL CERTIFICATE OF DEATH	
Temah white W.	E, MARRIED, WIDOWED, VORCED (write the word)	DEATH April 30 (Monyl) (Day)	., 193 <u>3</u> (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Welliam Sc. 6. DATE OF BIRTH (month, day, and year) 2 7. AGE Years Months Da	28-1863 Is saw her to have occurred on	EREBY CERTIFY, That lattende 13 1931 to File 30 1935 the date stated above, at 6 P m. USE OF DEATH and related causes of importence	, 19.33 3; death is seld
O this occupation (month and	Total time (years) spent in this	ingua d'Cervit neral Caketia	1931
12. BIRTHPLACE (city or town) Willemy (State or country)	occupation	auses of importance:	
13. NAME James Brue 14. BIRTHPLACE (city or town)	Name of operation. Whet test confirmed	Redson Therefor Date of diagnosis? They cal form	A
15. MAIDEN NAME Orit ICu 16. BIRTHPLACE (city or town)			, 19
17. INFORMANT	Manner of injury	(Specify city or town, county and Si y occurred in INDUSTRY, in HDME, or in PUBLIC F	PLACE.
19. UNDERTAKER W. N. Trullion (Address) 20. FILED May 1, 1933	Nature of injury 24. Was disease or in If so, specify (Signed)	ury in any way related to occupation of deceesed?	No M. D
20, FILED, 1992, 1992	Registrar. (Address	Predmont W.V.	1

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Example I	-	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RURA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MOTHER FATHER NOCCUPATION

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03659
1. PLACE OF DEATH	(3)
County aligney WITHIN COH	PORATE LIMITS Registration Dist, No.
Village or City why belland	No. 301 Margunders St., 3 Ward death occurred in a hospital or institution, give to NAME instead of street and number)
Length of residence in city or town where death occurredyrs_/mos.	
2. FULL NAME Lennie Ama	14
(a) Residence: No. 1307. Independen	St. 3 Ward.
(Usual place si abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH April 30 (Year)
5a. If married widowed, or divorced HUSBAND of Welliam Smith.	
(or) WIFE of William White.	1 HEREBY CERTIFY, That I ettended deceased from
- Tal. 14 1905	I last saw her alive on a live 30 19 3 3; death is said
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4301m.
5 () 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8. Trade, profession, or particular	were as follows: Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Clarke There Faction - Visilia
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL,	1933
SAW MILL, BANK, etc.	
- ting occupation (month and applit in ting	
yeer) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
	arkutis aleftinamo 1930
14. BIRTHPLACE (city or town) The arefueld	arthresia Vallormano
4 14. BIRTHPLACE (city or town) / hoarfully (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Celiza Longlar 16. BIRTHPLACE (city or town) Morefield (State or country)	23. If death was due to externel couses (VIOLENCE) fill in also the following:
State or country)	Accident, suicide, or homicide?, 19, 19, 19
M. Co. 1 H	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT / College St. Col.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Summer Cham Date May 2, 1933	Neture of Injury
19. UNDERTAKER So A. Bullar	24. Was disease or injury in eny way related to occupation of deceased?
20 FHEDRY 1933 Narvey Min	(Signed) M. D.
Registrar.	(Address) 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroenteritis	1 year

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI
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BINDI

FOR

RESERVED

MARGIN

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Cerebral hemorrhage	IN GULL OF WARM	July 5, 1927	Peritonitis	3 days ago
	BUREAU V.S.			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
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	ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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		PEOBIN SP	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B.—WRITE PLAINLY,

1	PLACE OF DEATH County allegung	WITHIN CORP	PORATE LIMITS (08) Registration Dist. No.	+
	Village or City		MW NO. 34 Kaketa St. 60 - St.	umber)
	Length of residence in city or town where death	occurredyrsmos	ds. How long in U.S. if of foreign birth?	sds.
2	FULL NAME XUMES	genael su	malline,	
	(a) Residence: No. 34 Art	ecto	St., 6 - Ward. If nonresident give city or town and S	
	PERSONAL AND STATISTICA	(Usual place of abode)	MEDICAL CERTIFICATE OF DEATH	лаіс
3. S	EX 4. COLOR OR RACE 5. S	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 6	1939
-	If married, widowed, or divorced	myre	(Month) (Day)	(Year)
	HUSBAND of (or) WIFE of		22. March 30 1933 to affect 6	eceased from
6. I	PATE OF BIRTH (month, day, and yeer)	19 1925	Hast saw h un elive on april 6 ,1983	; deeth is said
7. A		Days If LESS than	to heve occurred on the date stated above, atm.	
	7 6	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Detectored
NO	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Student	Lobar, preumonia	1933
OCCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
000	10. Date deceased last worked at this occupation (month and year)	11. Total time (yeers) spent in this occupation		
12.	BIRTHPLACE (city or town) Many (State or country)	land	Other Contributory Causes of importance:	1932
2	13. NAME Just 19 Jun	· la lone		7.700
FATHER	14. BIRTHPLACE (city or town) (Stete or country)	est of	Name of operation Date of What test confirmed diagnoside years of Wasthere an au	u'opsy? Ro
ER	15. MAIDEN NAME Jecela	h Lowaill	23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or town) (State or country)	est Of	Accident, suicide, or homicide? Dete of injury Where did injury occur?	
17.	INFORMANT As O Source (Address)	idefine	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA) .CE,
18.	BURIAL, CREMATION, OR REMOVAL	ate apr 9, 1933	Manner of injury	
19.	UNDERTAKER Sours ster	in Sup Ma	24. Was disease or injury in any wey releted to occupation of deceased?	no
20.	FILED Gral 9, 19 25 Pare	Registrar.	(Signed) WRHodelt (Address) Cumberland	med.

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Cerebral hemorrhage	11 MAY 6 1938	July 5, 1927	Perilonitis	3 days ago
	BUREAU V.S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Registrar.

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(Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH

Date of onset

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MARGIN RESERVED

6.	4)	6	1	10
U	6)	()	J	G

1	. PLACE OF DEATH	WITHIN		,
	County allegany	CORPO	RATE LIMITS Registration Dist. No. 4	
	Village or City Jumples	land	No. Object St., 4 death occurred in a horpital or institution, give its NAME instead of street and number	Ward
	Length of residence in city or town where death		ds. How long in U.S. if of foreign birth?yrsmos	
2	2. FULL NAME Stillba	En Van	meter For & b	0
200000	(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and Stal	
	PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3.		SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Day)	3 3 (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of		22. HEREBY CERTIFY, That I attended dece	
	(or) wite of		Cipal 5 19 3 3 to Capal 5	19.33
6	DATE OF BIRTH (month, day, and year)	el 5, 1933	I last saw him alive on and J- 19 33; de	ath is said
	AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 1:30Pm.	
	- 7000	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
-	8. Trade, profession, or particular	ormin.	were as follows:	ite of onset
ON	kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.			
OCCUPATION	Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		Mucaunge 31/2 mo.	
220	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12.	BIRTHPLACE (city or town)	esyland	Other Contributory Causes of importance:	
~	100 10	met	-	
FATHER	13. NAME Carence	Can/neur		
AT	14. BIRTHPLACE (city or town)	welling	Name of operation Date of	
-	(State or country)	27/1/9	What test confirmed diagnosis? Was there an aulog	sy?
IER	15. MAIDEN NAME Jemust	Mace	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or town)	Gerchurg	Accident, suicide, or homicide?	, 19
	00 10 6	2000	Where did injury occur? (Specify city or town, county and State)	
17.	(Address) Felintate	ne med	Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR REMOVAL	(11.0	Manner of injury	
	Place Discourse Di	ate 1966 5, 1933	Nature of injury	
19.	UNDERTAKER Clayerse (Addiess)	Jan meter	24. Was disease or injury in any way related to occupation of deceased?	
20.	FREO Brel 5, 1933 Pla	ruly Il Wess	(Signed) A factoring	M. D.
-	U	Registrar.	(Address)	

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Gallstones	May 1,1923	Gastroenteritis	1_year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

	-WRITE PLANTY, WITH UNFADING INK-THIS IS A PERMANNAT RECORD. Every item of infor-	PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
R BINDING	A PERMANA T REC	ted EXACTLY. P	perly classified. Exac	ificate.
MARGIN RESERVED FOR BINDING	DING INK-THIS IS	. AGE should be sta	so that it may be pro	TION is very important. See instructions on back of certificate.
MARGI	I, WITH UNFAL	e carefully supplied.	Hin plain terms,	nportant. See instruc
5.1	-WRITE PLAN	mation should i	CAUSE OF DE	TION is very ir

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	3667
1. PLACE OF DEATH	MILE IN CODO	<u> </u>	
County Officea	WITHIN CORPO	Registration Dist. No.	4
Village or City	and	No ellegang sacketalst.	4Ward
Length of residence in city or town whare dea		death occurred in a hoppital or institution, give its NAME instead of street and ds. How long in U.S. it of foreign birth?yrs	
2. FULL NAME tellho	Ew Van 7	neter	
(a) Residence: No.		St. Ward Flintstone	ma
	(Usual place of abode)	If nonresident give city or town an	d State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
Male Shite	OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 3 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended	
	, , , , , , ,	Upart 1, 1933, to unail 5	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than		; death is said
stillhar	l day,hrs.	to have occurred on the date stated above, at	Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.			
9. Industry or business in which work was done, as SILK MILL.		Muscarrage 3/2mm.	
SAW MILL, BANK, etc	11. Total time (years) spent in this occupation	A	
12. BIRTHPLACE (city or town) 220	ryland	Other Contributory Causes of importance:	
(State or country) 13. NAME Clarence C.	Van meler		
13. NAME Carence C. 14. BIRTHPLACE (city or town)	Ershurg	Name of operation Date of	
(State of Country)	Al la	What test confirmed diagnosis? Was there an	aulopsy?
15. MAIDEN NAME	Mace	23. If death was due to external causes (VIOLENCE) fill in also the following	ng:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	lereburg,	Accident, suicide, or homicide? Date of injury	, 19
17. INFORMANT Caregory	Van Meter	Where did injury occur? (Specify city or town, county and Si Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	
(Address) Hand	stone, ma		
18. BURIAL, GREMATION, OR REMOVAL Place Houlstone	Date Johnelis 1933	Manner of injury	
19. UNOERTAKER Claregue	Van meles	Nature of injury 24. Was diseasa or injury in any way related to occupation of deceased?	
(Address) Helicit	tetone ma	If so, specify	
20. FILED Bul 5 1933 Va	rue It Meis	(Signed) Manual	M. D.
	Registrar.	(Address)	1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car . AV Ball	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

should state of OCCUPA-PHYSICIANS Exact statement I RECORD. Every stated EXACTLY. properly classified. See instructions on back of certificate. MARGIN RESERVED AGE should be I in plain terms, so that it may mation should be carefully supplied. CAUSE OF DEAT TION is very

1. PLACE OF DEATH	(KT)
County aliquany	Registration Dist. No.
Village or City of fan acorprise All	, No. St., Ward
Length of residence in city of town where death occurred 44 yrs. 7	(If death occurred in a hospital or institution, give its NAME instead of street and number) mos. 24 ds. How long in U.S. if of foreign birth?
	At
2. FULL NAME And Ma	llers
(a) Residence: No. / of ssacerning. In	St., Ward. If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB RACE 5. SINGLE MARRIED, WIDOW	
OR DIVORCED (write the wo	ord) April 12 1933,
Male While Single 5a. If married, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
(ii) mile	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) June 18, 1908	I last saw halive on, 19; death is seig
7. AGE Years Months Days If LESS	
24 9 24 1 day,	THE TAINCH AL CAUSE OF DEATH and related causes of importance
2 8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, Mull Works	Suide hy chooling welt
9. Industry or business in which work was done, as SILK MILL.	shot gun
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked et 1 this occupation (mother)	
10. Date deceased last worked et this occupation (month and 11, 933 spent in this occupation wear)	ma
1 (Mar. 1) - 0 //	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) ####################################	
14. BIRTHPLACE (city or town) West Va.	
4. BIRTHPLACE (city or town)	Name of operation
(Ahan " a A	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME AND Square OF 16. BIRTHPLACE (city or town) Massyland	23. If death was due to external ceuses (VIOL ENCE) fill in elso the following:
o 16. BIRTHPLACE (city or town) // Manyland)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? description (Specify city or town) county and State)
17. INFORMANT Mr. Juga Waller	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
(Address) Genacound (M. 18. BURIAL CREMATION, OR REMOVAL)	J. J. J. War
Place Oak. Hilleweley Date Upril 14, 19	Manner of injury
03 8. 11/1	Nature of injury
19. UNDERTAKED As Coppletown	24. Was disease or injury In any way related to occupation of deceased?
(Address) Amaconing Ho	If so, specify
20. FILED 19 19 2. 200 1/ year	(Signed) M. I
// Regist	rar. (Address) do do administration of the state of the s

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arterioselerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

A:DDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Registrar.

(Address)

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related eauses of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis MAY (1933)	1921	Run over by street car	1 week ago
Cerebrol hemorrhoge BURRAU V. B.	July 5,1927	Peritonitis	3 days ogo
Other contributory eauses of importance:)	Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gostroenteritis	1 year

MARGIN RESERVED FOR BINDI

V. S. No. 1

PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH (13670)
1. PLACE OF DEATH	(22-a)
County allegany	Registration Dist. No.
Village or City Flost Gura and.	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. it of foreign birth?
0 114.00	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Harry 6. William	Cab.
(a) Residence: No. 20 9 Washington (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3, SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Of 26 (Month) (Day) (Yoar)
5a. If married, widowed, or divolced HUSBAND of	
(or) WIFE of Anne Williams	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Lev 19, 1873	I last sew h. 19.7 ; deeth is said
7. AGE Years Months Days I If LESS than 1 day. hts.	to have occurred on the date stated above, at Jan.
59 4 8 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular / kind of work done, as SPINNER, Electrician	Cerebral humanhage. 4/28/28
kind of work done, as SPINNER, Control of the SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, Control of the SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this o	Sustant death 8 //
10. Date deceased last worked at this occupation (month and year) - 12 year occupation - 12 year	
12. BIRTHPLACE (city or town) Froathurg (State or country)	Other Coutributery Causes of Importance:
13. NAME Harry y. Williams	
13. NAME Harry G. Williams 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Jane Ravis	23. If death was due to external causes (VIOLENCE) fill In also the following:
o 16. BIRTHPLACE (city or town) Tut. Savage	Accident, sulcide, or homicide?
(State or country), This.	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT Dan Williams (Address) 209 Walsle St.	Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Frostburg of	Manner of injury
Place allegany the Oate 4/28, 1933	Nature of injury.
19. UNDERTAKER Jacob Holer. (Address) Frontly 4.4	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 4/27, 1933 Quel Haller Registrar.	(Signed) UK, Walker M.D. (Address) Trostling md.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAN 13 193	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.		, +	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state infor-OCCUPA 30 PHYSICIANS statement Exact classified. × 6 properly FOR stated RESERVED Jo may back plnods that MARGIN terms, ain caref. DEATH pe pluods very OF -WRITE

B.

1. PLACE OF DEATH Registration Dist No. County Village or City (If death occurred in a hospital or institution, give its NAMS instead of street and number) How long in II S if of foreign high? Vrs. mos. ds. Length of residence in city or town where death occurred (a) Residence: No. If nonresident give city or town and State (Usual place of shode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF 3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBANO of CERTIFY That I attended deceased from 22. (or) WIFE of 6. DATE OF BIRTH (month, day, and year) to have occurred on the date stated above, at If LESS than 7. AGE Years Months Days 1 day The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were as follows: Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER. SAWYER BOOKKEEPER etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 11. Total time (years) spent in this 10. Date deceased last worked at this occupation (month and occupation __ 12. BIRTHPLACE (city or town) (State or country) HER 13. NAME FAT 14. BIRTHPLACE (city or town) (State or country) Was there an autopsy? ----What test confirmed diagnosis?_ MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury_____ 16. BIRTHPLACE (city or town (State or country (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE nation Nature of Injury TION 24. Was disease or injury in any way related to occupation of deceased 19. UNDERTAKER (Address) If so, specify (Signed). Registrar. (Address)

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAKALY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. MARGIN RESERVED FOR BINDI

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 03672
1. PLACE OF DEATH	210-100
County allegany	Registration Dist. No.
Village or City 7 Nort Georg	No. Misses Hospital St Ward
Length of residence in city or town where death occurred 25 vrs	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U. S. if of foreign birth? mosds.
2. FULL NAME Violet Yakes	, , , , , , , , , , , , , , , , , , ,
(a) Residence: No. National Med	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. CHEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Deco 10 1406	(Le 10) 33
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 45 mg 24
25 4 1 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence
8. Trade, profession, or particular kind of work done as SPINNER	Date of onset
kind of work done, as SPINNER, Colambia Works 9. Industry or business In which	Rupture of Richael Rights 4/10/3.
kind of work done, as SPINNER, Colambia Worker 9. Industry or business In which work was done, as SILK MILL, Soziery State 10. Date deceased last worked at	1
this accupation (month and	
year) April 1439 spent in this 3 year	
12. BIRTHPLACE (city or town) (may Cand) (State or country)	Other Coutributory Causes of Importance:
13. NAME Unham Sates	
13. NAME Suran Gates 14. BIRTHPLACE (city or town) Plany Carry (State or country)	Name of operation Nephrecestory Date of 1/10/33 What test confirmed diagnosis? Clinical of Operations there an autopsy? No
15. MAIDEN NAME Laura Colwards	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Many and	Accident, suicide, or homicide? Accident Date of injury 4/10, 19 3 3
(State or country)	Where did injury occur? ally any landy mef.
17. INFORMANT Ales, Am, Hates	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Chukomopile accident
Place allegary Centery Date Coper, 13 , 1933	Nature of injury
19. UNDERTAKER M. Corps lerral 14.	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 4/13 , 1933 OUP, Walker	(Signed) Cles A Stiles 12 (M.D.
Registrar.	(Address)

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

DR. F. WILSON

BIND

FOR

MARGIN RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
13:17:5			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year